THE CANADIAN NURSE

VOLUME 56 NUMBER 4

APRIL 1960

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The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse *nor of the Canadian Nurses' Association.*

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1522 Sherbrooke Street West, Montreal 25, Quebec

Between Ourselves

ALMOST EVERY PART of Canada has been battered by strong winds, freezing rains, snow and cold for the past several months. Though winter is officially over, many souvenirs of the season will still remain for weeks. Soon, Easter finery in a week or two will herald the coming of spring, 1960.

A quick glance through the pages of this issue will reveal the way in which the coming of a spring has influenced the appearance of the *Journal*. When we were looking over one of last winter's issues as it came from the printers, we came upon facing pages, each with a caption at the top and half way down the left hand page a third short title. There they were — set in the blackest type imaginable! It was enough to depress the most optimistic of readers.

We started an immediate search for some more attractive type-faces to lighten that awful gloom. Our editorial staff favored open-face letters that are sometimes seen. Our printer pointed out that by the time about half of the copies were printed each month, the ink would have filled in the open spaces giving us as black captions as we have had. We have therefore chosen a variety of type-faces for our major articles. Some of the brush headings, as for instance the one at the top of this page, we are keeping. We hope you will like the new faces.

* * *

For many years it has been the custom in CNA activities to have the first vice-president of the association serve as the chairman of the Finance Committee. It is in the latter capacity that our guest editor, HELEN M. CARPENTER, speaks to the nurses of Canada.

On leave of absence from her teaching position in the School of Nursing, University of Toronto, Miss Carpenter returned to the life of a student last autumn when she received the first fellowship to be awarded by the Canadian Red Cross Society. She has been studying industriously to obtain her doctorate in education. Final examinations start in mid-May so she will have completed her work prior to the convention in Halifax.

* * *

Ever since one of the popular monthly magazines published an article on the use of operative procedures in Parkinson's disease, we have been anxious to bring you an authoritative statement on the various aspects of this condition. We have no doubt that you have been asked questions about this operation just as we have.

We are very pleased, therefore, that the information you will require to give logical answers to the relatives and friends of these is now available. Dr. DeJong is the coordinator of the Parkinson's Project at Queen Mary Veteran's Hospital, Montreal.

* * *

Over the years, we have had several reports of programs for nurses at the Christian Workers' Centre at Five Oaks, Ontario. JEAN MACGREGOR represented the *Journal* at the Centre's special nurses' weekend last autumn and has written a more detailed account of the pattern followed in planning for the various groups. Completely non-sectarian, there is an opportunity for peaceful thinking and fellowship in idyllic surroundings. Nurses in Ontario particularly may be interested to note the dates of the special weekends planned for 1960.

* * *

Have you registered for the 1960 Convention yet? Here is your chance if you have overlooked it.

Continuing research and new methods make it imperative for worker or executive to improve his qualifications for the job. He realize that the high school or university diploma marks only the beginning of a long trail of training and education. The view of education as a life-long pursuit takes on real and urgent meaning . . .

Over the past few decades public education has made considerable headway. But our society still faces the stumbling block of a large number of functionally illiterate people — men and women whom we expect to cope with personal problems and civic affairs for which they are not equipped . . . The vision, courage and resourcefulness we have often witnessed in the pioneer development of our resources must now be brought to bear on the formidable task of widespread and effective adult education.

— JOHN FRIESEN

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NO REFUNDS AFTER JUNE 17th, 1960.

The Housing Committee under the chairmanship of Mrs. Dorothy McKeown of Halifax is working closely with National Office to insure adequate accommodation for our nurses attending the 30th Biennial Meeting in Halifax, June 19 - 24, 1960.

Blocks of rooms have been reserved in the Nova Scotian and Lord Nelson Hotels. In addition, arrangements have been made for Sisters to be accommodated in Mount St. Vincent College and student nurses at St. Mary's University.

Other hotels, motels and tourist houses have been surveyed and details regarding the accommodation in these are available from National Office.

Naturally, at a large convention single rooms are at a premium. A certain number of these must be held for our guest speakers.

It is helpful if two nurses will arrange to room together and indicate this on the registration card overleaf.

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Indications—Intensive, prolonged, or intermittently repeated salicylate therapy. Rheumatic fever, rheumatoid arthritis, osteoarthritis; tonsillectomy and adenoidectomy; tuberculosis — whenever salicylates are indicated; dysmenorrhea; intraocular inflammation — choroiditis, choroidoretinitis.

Description—Each tablet contains: acetylsalicylic acid 0.33 gm., menadione 0.33 mg., ascorbic acid 33.3 mg.

Administration—***Rheumatic fever*** — 9 to 24 tablets daily; more intensive therapy requires 30 to 60 tablets daily. ***Rheumatoid arthritis, osteoarthritis*** — 1 to 3 tablets three or more times daily, depending on the degree of analgesia necessary or possible. ***Tonsillectomy*** — ½ to 3 tablets daily, depending on age, as required. ***Intraocular inflammation*** — 24 to 30 tablets daily for 7 to 10 days, continuing subsequently with 12 to 18 tablets daily. ***Dysmenorrhea*** — 9 to 12 tablets daily.

Manufacturer—Lakeside Laboratories (Canada) Ltd., 24 Wellington St. W., Toronto.

NEUROTAB

Indications—Nervousness, anxiety, insomnia, etc.

Description—A sugar-coated tablet containing the following: sparteine sulphate 1/6 gr., passion flower 3 gr., crataegus 2 gr., tr. belladonna 1 min., epilol (phenobarbital) ⅓ gr.

Administration—One or more tablets after meals and at bed-time or as indicated.

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Indications—Conditions requiring a respiratory stimulant.

Description—A 25% solution of Nikethamide (the diethylamide of pyridinebeta-carboxylic acid).

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Description—Each enteric coated tablet contains: Trypsin 68%, chymotrypsin 30%, ribonuclease 2%, equivalent to proteolytic activity of 20 mg. crystalline trypsin.

Administration—Initially 2 tablets 4 times daily. As maintenance therapy or as an adjunct one tablet 3 or 4 times daily.

Manufacturer—Wm. S. Merrell Company, 178 Talbot St., St. Thomas, Ont.

PERMITIL TABLETS

Indications—Anxiety, tension, agitation, and emotional disturbance.

Description—Each tablet contains 0.25 mg., of fluphenazine, potent anti-anxiety agent without depressant effect.

Administration—One tablet twice daily.

Manufacturer—White Laboratories of Canada Ltd., Montreal 9.

POLARAMINE SYRUP

Indications—Seasonal and non-seasonal allergies.

Description—Each teaspoonful (5 cc.) of apricot-flavored syrup contains 2 mg. of dextro-chlorpheniramine maleate, antihistamine.

Manufacturer—Schering Corp. Ltd., Montreal 9.

SALURON

Indications—For the treatment of salt and water retention associated with cardiac or renal insufficiency, hepatic cirrhosis, pregnancy, steroid administration and the premenstrual syndrome.

Description—Hydroflumethiazide, potent and selective oral diuretic of low toxicity. Saluron-induced saluresis differs from that produced by chlorothiazide and hydrochlorothiazide, by virtue of its sparing action on potassium and bicarbonate ions. Each sustained-action tablet contains 50 mg. hydroflumethiazide.

Administration—Usual dose is 50 mg. on arising. Some patients respond to as little as 25 mg. per day; but doses as high as 400 mg. may be used safely.

Manufacturer—Bristol Laboratories, 286 St. Paul St., Montreal.

SANI-DUST

Indications—For sanitizing floors, walls and equipment that are wiped normally by cloth or mop. Aids in destroying staphylococcus bacteria.

Manufacturer—Talb Industries, Philadelphia, Pa.

SEA LEGS TABLETS

Indications—Travel sickness by land, sea or air.

Description—Piprinhydrinate 5 mg. tablets.

Manufacturer—The British Drug Houses (Canada) Ltd., Toronto 14.

The Journal *presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.*

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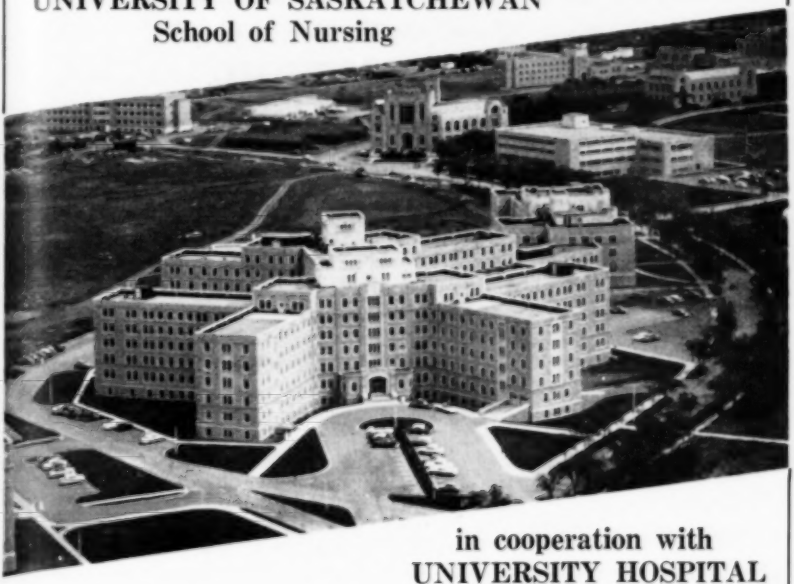
School of Nursing



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Side Effects: When given in recommended dosage Secrosteron manifests no side effects. Overdosage may produce pelvic pain resembling dysmenorrhea, "fullness of the head" and dizziness.

Administration—Orally 5 to 15 mg. daily. For most indications one tablet three times daily.

Manufacturer—The British Drug Houses (Canada) Ltd., Toronto 14.

SYCOTROL

Indications—In fear and anxiety where the comatic outlets appear as symptoms referable to the heart and gastrointestinal tract, e.g. in peptic ulcer and cardiovascular disorders.

Description—Each tablet contains 3 mg. 1-piperdine ethanol benzilate HCl.

Administration—One 3 or 4 times daily.

Manufacturer—Reed and Carnrick, Toronto 16.

THEOLIXIN

Indications—For rapid control of acute asthmatic attacks by oral administration, and achievement of therapeutic blood levels in 15 minutes.

Description—Highly soluble buffered theophylline in rapidly absorbed alcohol-water vehicle. Each tablespoonful (15 ml.) provides 0.33 gm. (5 gr.) theophylline sodium glycinate equivalent to 0.16 gm. (2½ gr.) theophylline in 20% alcohol.

Administration—Adults: 2 tablespoonfuls 3 times daily. Children: proportionately lower dosage based on age.

Manufacturer—Austin Laboratories Ltd., 32 Baker St., Guelph, Ont.

TRILAFON SUPPOSITORIES

Indications—For antinauseant or tranquilizer therapy in children especially where oral administration is a problem.

Description—Each suppository contains 2 or 4 mg., of perphenazine, antiemetic and tranquilizing agent.

Manufacturer—Schering Corp. Ltd., Montreal 9.

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TRILAFON CONCENTRATE

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Manufacturer—Shering Corp. Ltd., Montreal 9.

TENUATE

Indications—In control of obesity.

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Administration—One tablet 3 times a day one hour before meals and one in mid-evening if desired.

Manufacturer—Wm. S. Merrell Company, 178 Talbot St., Weston, Ont.

VASODILAN

Indications—For symptomatic treatment of peripheral vascular disease and dysmenorrhea.

Contraindications—Intramuscular administration is not recommended in presence of hypotension or tachycardia. Intravenous or intra-arterial administration is not recommended.

Description—Isoxsuprine, a myo-vascular relaxant, synthetic, non-hormonal, which provides selective relief of spasm of smooth muscle predominantly in the peripheral vascular bed, in the uterus and in the bronchial tree.

Administration—In *peripheral vascular disease*: Orally, 10 to 20 mg. (1 to 2 tablets) or intramuscularly, 5 mg. (1 cc.) 2 or 3 times daily initially, followed by oral maintenance. In *dysmenorrhea*: Orally — 10 to 20 mg. (1 to 2 tablets) 3 - 4 times daily one to three days prior to expected onset of menstruation; intramuscularly — 5 to 10 mg. (1 to 2 cc.) initially, followed by oral maintenance.

Manufacturer—Mead Johnson of Canada Ltd., Belleville, Ont.

V-AMINS CAPSULE

Indications—Vitamin dietary supplement especially for children.

Description—Each capsule contains: vitamin A 5,000 I.U., vitamin D 1,000 I.U., thiamine 1 mg., riboflavin 1.5 mg., niacinamide 10 mg., ascorbic acid 37.5 mg.

Administration—One to 3 daily with meals or as prescribed.

Manufacturer—Charles R. Will & Co. Ltd., P.O. Box 444, London, Ont.

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Montreal, Que.

Random Comments

Dear Editor:

Many things remind of Australia and next year's ICN congress. The latest is a billboard advertisement of heaters in cars. It is called "a built in heater" — a kangaroo on skis with the baby in the pouch.

So how about letting us know, via the *Journal,* how much money we should save. Please don't wait until it is all gone on current conventions.

S. M., Ontario

¶*A schedule of return tourist fares supplied by Canadian Pacific Airlines Ltd. from different points in Canada appears below.* Ed.

Vancouver	—	$1,008
Calgary	—	1,062
Regina	—	1,106
Winnipeg	—	1,130
Toronto	—	1,216
Ottawa	—	1,248
Montreal	—	1,248
Saint John	—	1,305
Halifax	—	1,326
Chalottetown	—	1,350
St. John's	—	1,410

Dear Editor:

I just wanted to let you know how much I appreciated reading the article "Voice of the Past" in the December issue of *The Canadian Nurse.*

Sister Beatrice is known to me personally and at 85 years of age she is as interested in what is going on in nursing as she has always been. She never fails to ask what is new.

It is good for young nurses to learn a little about the struggle that took place to put nursing where it is now.

V. A., Ontario

Dear Editor:

While magnificent sunlight bathed my large silent house, Miss Percy's "Three Wishes" came to me like a good wine of friendship. At last, I said to myself, someone thinks as I do. She does not hesitate to wish for young nurses a hard life, to hope for it for them, so that the undeveloped potentials of their personalities may be drawn upon. She opposes conformity to the point of rebellion. Bravo! and I was really impressed by the quotation ". . . Do let the free part of your personality flap in the wind. Keep your sense of wonder fresh . . ."

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DIRECTOR OF SUMMER SCHOOL,
UNIVERSITY OF NEW BRUNSWICK, FREDERICTON, N.B.

I am a pediatric nurse who spent over a year in postgraduate studies abroad. At present, I am a clinical instructor in pediatrics in a large Quebec hospital. I love students and I love children. I find my joy for life in them, and though I do not always have what I need in the way of materials and help, I give my all, in love.

And the third wish "joyish assishness," — it gets 100 per cent approval from me. I am not always serious about life. I joke, I laugh, I sing, so much so that I have been christened "the kid." I have interests outside my specialty, too. I give evening courses in home care to 40-50 men and women who are so anxious to learn. Some have little schooling, but I enjoy them so much and try to pass on to them a brightly lighted little flame that will help them, and that they in turn can transmit to others. They understand that with their hearts. I entertain friends in my home. Life has not been easy for them at times and I do not always know how to help. I just say nothing; but I am there and I love them.

Soon, I will be leaving for another tour of Europe. They know how to live better than we do, even if they do not have refrigerators or cars. "The essentials are always invisible to the eyes," St. Exupéry said.

To Miss Percy, thank you for what you have written. Miles separate us, but there is no doubt that the color of our inner lives has identical shades. With sincerity I extend my hand to you.

A. C., Quebec

Dear Editor:

Will you please advise me if it is possible to obtain reprints of the Table of Antidotes printed on page 1095 of the December 1959 issue of the Canadian Nurse. I am interested in obtaining a copy for our First Aid Room as well as copies for our First Aid classes.

L. M. H., British Columbia

¶*No reprints of this Table were ordered.* Ed.

Dear Editor:

I was interested by your article entitled "Going to Boston in February?" and hope to attend the American College of Surgeon's convention.

I find the *Canadian Nurse* very enjoyable as well as informative and anticipate the arrival of my magazine every month. It is well worth the price of the subscription.

S. J., Alberta

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Philadelphia 30, Penna.**

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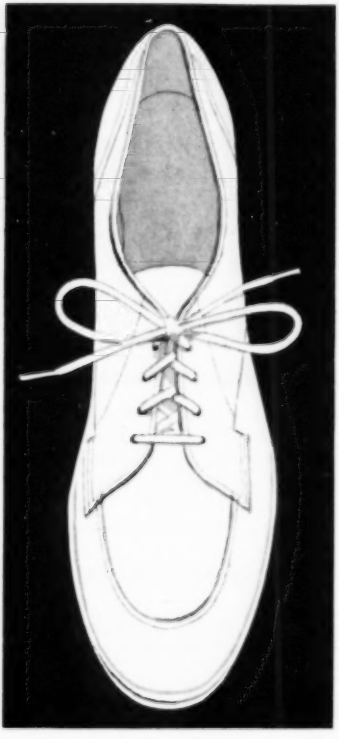

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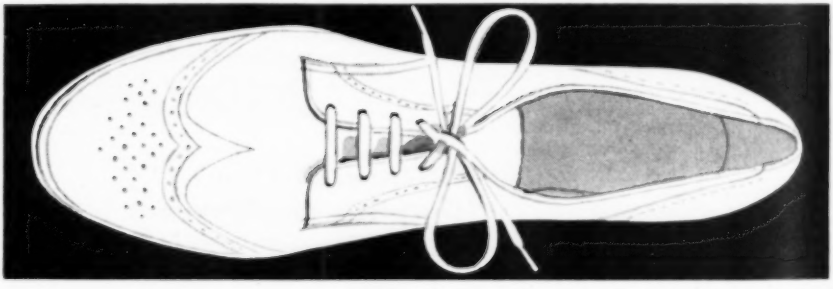

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A MONTHLY JOURNAL FOR THE NURSES OF CANADA PUBLISHED IN ENGLISH AND FRENCH BY THE CANADIAN NURSES' ASSOCIATION

74 STANLEY AVENUE, OTTAWA

VOLUME 56 NUMBER 4

MONTREAL, APRIL 1960

THE CHALLENGE OF A NEW DECADE

NOW THAT APRIL IS HERE, there are but two months until nurses from all parts of Canada will be travelling to Halifax to attend the biennial meeting of the Canadian Nurses' Association. The purpose of this editorial is to acquaint you with one of the recommendations that will be presented at the meeting.

As you know, the affairs of the Association are financed by membership fees. Each provincial association forwards to the National Association two dollars annually for each member. During the past biennium, this money was divided among the following activities:

— 38¢ per member was passed on to the International Council of Nurses to pay the membership fee at the International level and to meet other international expenses.

— 58¢ per member was spent on activities associated with nursing service.

— 50¢ per member was spent on activities associated with nursing education.

— 22¢ per member was spent on public relations.

— 32¢ per member was spent on the Pilot Project for Evaluation of Schools of Nursing.

(Ballard & Jarrett)

HELEN M. CARPENTER

Due to limitations in the budget, the Association has had to curtail certain activities and delay launching new projects that many feel should be undertaken. The membership of our Association has increased 46 per cent in the last ten years. During this time the cost of goods and services in Canada has risen until now the purchasing power of each dollar is 20 per cent less than it was ten years ago. The Committee on Finance gave serious consideration to these problems, and recommended to the Executive Committee that the membership fee be increased to four dollars a year. The Executive approved this recommendation, and it will be presented to the biennial meeting for the decision of the voting delegates.

Why is additional income needed? How will the money be spent if this recommendation meets with the approval of the voting delegates?

1. The affiliation fee to the International Council of Nurses will probably be increased in 1961. Expenses at the international level are higher for the same reasons that they are higher at the national level.

2. Additional funds are needed for the on-going work of the Association. One of the recommendations of the Structure Study was that provision be made for the national committees to hold full meetings during each biennium. Prior to this time, important business was conducted by "core committees" consisting of members residing in one geographic area. Since the committees were reorganized, full meetings of both the Committee on Nursing Service and the Committee on Nursing Education have been held each biennium. It has not been possible to finance full meetings of the other national committees regularly. We would like to make provision for such meetings, and to be able to arrange additional meetings, conferences or workshops when these are needed to study important problems.

3. As a result of the growth of the work of the Association, we have had to rent more suitable office accommodation. If we had sufficient capital we could purchase or build a CNA House. As rent is high, it would be economical to invest capital in our own headquarters.

4. The Pilot Project on Evaluation of Schools of Nursing has been completed, and the report will be presented at Halifax in June. If we are to be in a position to study the findings and to implement the recommendations, we will need to budget for this purpose. We cannot make a fitting contribution to the improvement of nursing service and nursing education without such expenditures.

5. In view of the recent introduction of prepayment hospital care plans in many provinces, the Committee on Nursing Service feels it is urgent that we develop criteria for staffing patterns for hospital nursing service. Projects such as this fall into the category of research. An Association such as ours should be able to undertake studies of this kind, and assist in the development of research in nursing.

6. There are few nurses in Canada with suitable preparation for research. Funds should be available to assist interested nurses to secure preparation. At present the Association has a loan fund of approximately $9,000 from which nurses undertaking graduate work borrow amounts of $500 or less. With additional financial support we could increase the amount available to assist nurses interested in securing advanced preparation.

These are the reasons your Executive feels the CNA membership fee should be increased. Many will recall the theme of the fiftieth anniversary convention: "Into the Future Open a Better Way." This phrase was taken from an address of Mary Agnes Snively:

It is therefore, your privilege and, I may add, your duty, to be dedicated to the work thus far advanced, and into the future, open a better way.

To "open a better way" will require among other things, a financial structure in keeping with the demands that are being made upon us in this challenging stage in the development of nursing. In a period of unprecedented expansion and prosperity in our country, we believe nurses desire to accept the challenge. One way we can open a better way is through increased support of the work of our National Association.

HELEN M. CARPENTER, M.P.H.
First Vice President
Canadian Nurses' Association

Practical Problems of Parkinson's Disease

DAVID DEJONG, M.D., M.R.C.P., F.R.C.P.(C)

The shaking hand, the shuffling gait, the dejected expression and posture mark the sufferer of Parkinson's disease wherever we may meet him. Fortunately medical science can now offer him hope for a productive life in spite of his disability.

History

IT WAS IN 1817 that James Parkinson of London, England described the disease which he called "Shaking Palsy" but which today is more often called "Parkinson's disease," or the Latin equivalent of his own title, "Paralysis Agitans." The terms palsy and paralysis are not synonymous however, for palsy refers to weakness or partial paralysis, whereas paralysis more correctly means total incapacity or loss of function.

No one has yet offered a better term for this disease than "shaking palsy" because it is a good description of the obvious clinical aspects. The two main features of the disease as it strikes the patient are tremor or shaking of the limbs, head, jaw, lips, etc., and rigidity or stiffness of the muscles, which makes them somewhat weakened though not paralyzed. In Parkinson's time it was not fashionable, apparently, for doctors to lay hands on their patients, for Parkinson obviously never examined his patients as we do today. He merely observed them closely, and after observing six patients, wrote his famous paper. Because he only observed them he only noticed the shaking and did not realize that the palsy was due to rigidity of the muscles.

Tremor

The tremor of Parkinson's disease may come on suddenly and then pass off to recur at some later time, or it may develop gradually. It may affect any or all limbs, usually starting in the periphery: the hand or the foot. It tends to occur more at rest, to be worse when the patient is excited or emotionally upset, and to disappear when he uses the affected part. It also disappears while he is asleep, which is merciful, because it can be so severe during the day, in advanced cases, that all the limbs, body, and head shake so that one can hear the beds rattling down the halls. If they shook like this at night sleep would be impossible! Whatever happens to the disease in sleep we do not know, for when the patient sleeps so does his disease, so to speak.

It needs no emphasis that this tremor is incapacitating. The patients are not only socially embarrassed by it, but find it physically impossible to carry out many of the functions of daily living which require careful, coordinate movement of the limbs, such as drinking, eating, dressing, playing bridge, and so on. It is disturbing to other people and makes it hard for an afflicted person to keep or obtain a job.

Muscle Rigidity

The rigidity of muscles is rather different. It is not visible directly as tremor is, but can be more serious in its effects. When you bend the arm of a patient with rigidity it feels stiff, like bending a soft lead pipe. Sometimes, as you bend the arm it will give way suddenly in a series of little jerks because there is some underlying tremor showing through the rigidity ("cog wheel" rigidity). There is usually not much pain, or certainly not as much as there is with the stiffness of arthritic limbs where the patient will not let you move the arm because the muscles are in protective spasm due to pain, and the joints are swollen, tender, painful and deformed. These are two different forms of stiffness of muscles. The other common form of stiff muscles is that due to spasticity. Spasticity is the kind of stiffness one sees in hemiplegic patients, paralyzed down one half of the body after a stroke, for

Dr. DeJong is the coordinator of the Parkinson's Project at Queen Mary Veterans' Hospital, Montreal.

example. It differs from rigidity in that it does not give way in a series of jerks but only gives way at the end of the movement like the feeling imparted by replacing a blade in a pocket knife: the stiffness increases as the blade closes and then suddenly gives way as it falls in. Hence this is called "clasp-knife" rigidity. It also differs in being associated with overactive reflex jerks when they are tested with a neurological hammer.

We do not know exactly how much of the body muscle is affected by rigidity in Parkinson's disease. We think that most if not all of the muscles can be involved though the ones actually affected vary among different patients. This is why patients with this disease do not all appear the same though they are often described in the books as if they did. Furthermore, some patients will show mainly tremor, others will show principally rigidity, and most have some of both. But the more rigidity there is the less the tremor in any one affected part, because when rigidity develops it makes the muscles stiff and they cannot shake so easily.

What we have known for a long time about rigidity of muscles in Parkinson's disease is that stiff muscles are hard to use. Since the obvious parts of the body used by everyone are the face, hands, feet, legs and arms, these are where it has been most noticeable. Recently we have come to realize that the rigidity may have serious effects on the patient's voice, swallowing reflex, chest movements, bowel and bladder function, and even hearing. The rigidity of the face gives rise to a stiff immobile face that tends to look a little sad. The patient is unable to express joy even if he might be able to feel it despite the misery of his disease, because the stiff facial muscles can no longer relax into a smile. His neck becomes stiff and tends to droop forward, the back bends, and we get a picture of a stooped, unhappy person. The rigidity when it affects the shoulder muscles will not permit the arms to swing when he walks, nor if in the hips and thighs will it let the legs step out, so that he walks with small steps and can sometimes hardly get his feet off the ground — he shuffles along.

When many of the body muscles are stiffened up in this way the patient becomes more like the proverbial bean-pole than a nimble, spry man, and when he moves — and he may find it difficult to start moving because he is so stiff — he may find it hard to stop. He looks as if he is going to fall and seems to keep going because he feels he *will* fall if he stops. The chronic contraction of muscle may cause deformities of the hand and wrist like those seen in patients who have had a stroke. If the back muscles are stiff he may be unable to sit up in bed or in a chair because those muscles won't let him, and he slips down. As some patients say, they have "a board" in their back. A soft mattress makes it much more difficult for patients with stiff trunk muscles to turn so they should be given a hard mattress of the "orthopedic" type. Care should be taken to prevent bedsores due to inadequate turning in bed. The family or the patient himself may notice first a general slowing up without any obvious stiffness or tremor. All patients find they are much less stiff after being active, so activity should be encouraged.

Chewing, Talking or Swallowing

While all these effects are tragic in themselves it is more serious when the muscles concerned with the vital processes of life itself are affected. We have only begun to realize how important these are. If the tongue is stiff, and one can easily find out if it is by asking the patient to move it sideways, or in and out as fast as he can, then he will have trouble chewing, talking and swallowing. If the muscles that open the mouth are stiff, then the jaw will hang open and saliva will drip out on the pillow and on his clothes. The patient with this problem may actually have to wear an absorbent bib made of towelling, and may require a rubber pillow cover in bed. Some of this drooling may be helped with drugs, but it cannot be entirely controlled. Alternately, the jaw may be held closed so tightly that he is unable to take more than soft or liquid food, or to brush his teeth, or even allow the nurse to clean his mouth properly. Mouth cleanliness is very important to these patients, not only to prevent aspiration of infectious material but because it

makes tongue movements easier, improves taste, and imparts a feeling of well-being.

Respiratory Tract

Great difficulty occurs when the valve at the upper end of the esophagus stiffens and is difficult to open. In normal people, this valve opens automatically when one swallows, but in these patients food may not pass properly, and having no other place to go may tumble down the trachea into the lungs causing aspiration pneumonitis and even lung abscess, both of which can be fatal. When these factors are combined with stiffness of the muscles of the chest wall so that the lungs cannot move properly, the patient is unable to cough effectively and so cannot clear his lungs. This puts him in a dangerous condition, indeed! One can easily find out how difficult it is for the patient to perform these vital functions by giving him a glass of water to drink, then watch how fast he does it, and how long it takes for each swallow. If some water happens to get into the lungs it will not do as much harm as other liquids or food.

The lungs can be tested by simply asking the patient to cough as well as he can. The normal person when asked can produce a sharp, loud, effective cough, as sharp as the click of the tongue. The patient with Parkinsonism cannot do this. His cough is weak, grunting and rather pitiful. One can hear this kind of cough in very many old people on the wards, weakly stuttering a feeble cough that is almost like a gentle cry. This not only indicates weakened respiratory muscles, but means that they cannot clear their lungs properly. Any matter in the lungs that is dangerous to health will not be properly removed. Great care must be taken with these patients to help them overcome this serious disability. Physiotherapy can be most helpful in teaching them how to make the best use of their lungs in order to keep them clear, (as well as helping to relieve the stiffness of other muscles). They should never be given anything to eat or drink when in the lying position because they are then much more likely to have the food enter the lungs. While it seems kind to offer the patient a drink out of one of those little teapot cups with a spout on the side, it can be dangerous. Patients should always be propped up to eat or drink; otherwise there is a greater risk of lung complications.

Very occasionally the larynx may tighten up, due to stiffness of the muscles in this region. When that happens the anesthetists may have to be called in a hurry to pass an endotracheal tube. Even a tracheotomy may be necessary, though these occasions are rare.

Dietary Problems

Because of all the shaking that the patient does he may perspire profusely and use up considerable energy — so much so that if he burns up more energy than he takes in as food he may lose weight. This is particularly true if it is difficult for him to eat. He probably doesn't take all of the water that he needs because he cannot hold a glass, so straws should be provided, and special self-help jugs and tumblers, such as arthritics use. Even then he may not take enough to eat or drink. He will avoid foods that are hard to chew and swallow, such as fruits and vegetables. These, of course, are necessary for normal bowel action.

Constipation

Taken all in all, with the lack of enough water, the lack of exercise due to the stiffness confining them to bed or chair, the lack of bulk foods in the diet, and the prolonged use of atropine-like drugs, it is not surprising that constipation is so common among these patients. We do not know how much of the constipation is due to the effect of the disease on the bowel itself, if any, but it certainly seems that the patient is unable to defecate normally because this act requires the coordinate use of the abdominal muscles with those of the pelvic floor. These muscles, too, are probably affected. Constipation becomes a very wearisome problem. Dealing with it requires that patients be encouraged to drink more water, take the trouble to eat bulkier foods, and laxative foods such as figs, prunes, etc., get more exercise, and practise regular bowel attention. Even then, however, enemas are often necessary. Impaction can lead if ignored, to bowel obstruction, and

even gangrene of the bowel requiring surgery for its relief. The rectal administration of glycerin suppositories may suffice when simple lubrication is enough, but when more active help is required "Dulcolax" suppositories often induce bowel action, though two suppositories inserted at one time may be necessary in severe cases. With practice and proper timing these can help keep the patient out of more serious bowel trouble. If not, regular enemas are necessary.

The Bladder

Similarly, the bladder may be affected by rigidity. When this happens it is unable to empty itself effectively, and some urine always remains after each voiding. This makes the bladder more prone to infection for it normally relies on regular "flushing" to carry away any bacteria. When residual urine remains, infection accumulates and may reach the kidneys causing renal failure with or without hypertension, and death. When the bladder loses its ability to contract properly the patient may have urinary frequency until the bladder becomes so large with overdistention that it overflows with dribbling incontinence. Alternatively, infection may render the bladder so irritable that it empties itself too often getting the patient up day and night, or if he is unable to get up, leading to incontinence and soiling. At this stage it is usually necessary to keep a urinal constantly available, and indwelling catheters may be inserted. These are bad for the patient, though convenient for the staff, because they may lead to urinary infection and only make matters worse. The problem remains difficult no matter what one does. Drinking more water helps dilute infective material, and so prevents it from accumulating. Sometimes operation helps the bladder function, but drugs only help for a time. Sooner or later infection takes hold.

Mental State

Mentally, these patients become very depressed — which seems hardly surprising. We believe that the depression is not only a reaction to the disease but for some reason occurs due to the disease process itself. Some become very suspicious and paranoid; others become mentally deranged and have to be placed in mental hospitals.

We are not yet sure how common this disease is but we think it occurs in one to two per cent of the population as a whole, more commonly in older people. Because this is such a serious disease, more and more attention is being given to it. Many different attempts have been made to treat it surgically. The latest and most successful of these operations involves making a destructive lesion in either the *globus pallidus*, one of a pair of large nucleii or collections of nerve cells in the brain below the ventricles on each side, or in the thalamus, a large central nucleus concerned with transmitting the messages of many brain circuits. It is not known how these operations help. Dr. Irving Cooper in New York discovered accidentally that, having tied off the anterior cerebral artery of the brain to stop the leak in an aneurysm suffered by a patient who had Parkinson's disease as well, the patient's tremor on the opposite side was arrested. The reason established for this was that the ligation of the artery caused an infarct of the *globus pallidus* which it supplied.

Surgical Intervention

While routine treatment of Parkinson's disease by anterior cerebral artery ligation had to be given up because it had other undesirable effects and dangers, it was felt worthwhile to attempt to make the lesion in the *globus pallidus* by other means. While it is done in different ways in different centres, basically the procedure involves inserting a long hollow needle into the brain through a hole in the top of the skull. Then, either a small amount of concentrated alcohol is injected ("chemo-pallidectomy") or brain tissue is cut by twisting a small loop of fine wire at the end of the needle. Done to the *globus pallidus* the operation is called "pallidotomy" when the cutting procedure is used, and to the thalamus it is called "thalamotomy." In either case the procedure is done with the patient fully conscious, using only a local anesthetic to make the burr-hole. This way the patient himself can tell when the lesion is in the right place because the tremor and/or stiffness disappears, which it

should do in a few minutes. Very often the needle and instrument are left in and the patient taken back to the ward so that additional small lesions can be made in the same vicinity if required when the result has not been completely successful at the first attempt.

Very few of the ordinary postoperative complications arise, because the patient remains awake. However, the lesion is made near many vital areas of the brain and the surgeon has to be careful to avoid them. If he damages the pathway for the eye then vision may be impaired; if the internal capsule — the bundle or sheaf of motor nerves coming down from the cortex of the brain to the limbs — is affected, then hemiplegia may occur just as when this same area is damaged by a stroke. Hemiplegia does occur in 3-5 per cent of operated patients. If the temperature-regulating centre is affected — and it is very close — then the patient may run a high fever. Older people, who are of course not as good risks, may be very drowsy for days or weeks after the operation. One therefore tries to avoid operating on these patients.

Despite the risks of operation — and they exist for surgery of any part of the body — the results can be most gratifying. Tremor may disappear, people return to work, social life becomes more pleasant. While improvement only occurs on the side of the body opposite to the brain lesion, the disease is usually worse on one side. Where it is bilateral two operations may be required on opposite sides, usually at an interval of some months. Improvement occurs in tremor in about 80 per cent of operated patients, and in rigidity in about 60 per cent.

Obviously it is desirable to operate on patients who are not too far advanced yet are severely enough affected to justify the risk. More and more centres in Canada are providing this surgery but it is important that the patient have an accurate diagnosis made before considering operation since not all forms of tremor are due to Parkinson's disease. Conversely, there are other rare neuromuscular diseases that are helped by the operation, though again we do not know why. Once the diagnosis is established it is necessary that the patient be fully investigated for any medical disturbances that need correction in order to ensure the least risk and the smoothest course.

Conclusions

Finally, for those patients who do not want the operation, are not ready for it, or cannot be offered it, there is still much that can be done. If the patient, family, physician, and hospital cooperate to provide a feeling of interest and care they, with the help of drugs like Artane, atropine, Kemadrin, Pagitane, Disipal, etc., which lessen rigidity and tremor, can make the patients more comfortable. Even surgery, of course, is not a cure. One of the striking things about modern medicine and nursing has been its cheerful focus on many of the so-called "incurable" diseases, thus bringing hope to the sufferer, encouragement to the family, interest to the physician, facilities to the hospital, and much-needed funds for research into their causes. Pafkinson's disease — the "shaking palsy" — is one of these.

The National Cancer Institute of Canada and its affiliate, the Canadian Cancer Society are responsible for most of the advances in cancer research in Canada.

One of the most recent advances is the securing of vital new information regarding the relation of viruses to cancer in experimental animals. A group of researchers at the Ontario Cancer Institute have succeeded in causing kidney cancer in new-born hamsters within 10 days after the injection of the polyoma virus. By means of an electron microscope they have studied the day-by-day development of these tumors and identified the viruses in the cells. The next step is to check human tumors for indications of virus beginnings. If a virus is involved, the possibility of controlling cancer is greatly improved.

"Fight cancer with a check-up and a cheque."

* * *

There are books of which the backs and covers are by far the best parts. — DICKENS.

RESEARCH

Evaluating an Occupational Health Nursing Program by a Work Sampling Study

ETHEL M. GORDON *and* VERNA M. HUFFMAN

This article is condensed from the detailed survey report which is available on request from the Civil Service Health Division, Department of National Health and Welfare, Ottawa.

EARLY IN 1959 the nursing counsellor service of the Civil Service Health Division of the Department of National Health and Welfare was evaluated by means of a work sampling study. The study was carried out by the Civil Service Health Division with assistance from the Research and Statistics Division of the Department of National Health and Welfare.

The planning committee consisted of the chief supervisor of nursing counsellors, a research officer, a research assistant and a survey director. The survey director was a senior nursing counsellor assigned to the project on a full-time basis.

The nursing counsellor service was set up in 1947 as an integral part of the occupational health program being established for federal civil servants. A detailed account of the nursing counsellors' work and its relation to the divisional program as a whole may be found in an earlier number of *The Canadian Nurse*. In brief, it may be stated that services are provided by a Medical Centre in Ottawa and a network of health units strategically located in the Ottawa area. The health units are staffed by nursing counsellors whose work is closely allied to that carried on at the Medical Centre. A health unit is a self-contained establishment set up in a government building and directed from the Medical Centre. It consists essentially of a waiting room, treatment room, nursing counsellor office or offices, quiet or rest rooms, and storage space. The term "nursing counsellor" is used to emphasize the health counselling and teaching function of the professional nurse in the government setting. Care is taken to select nurses who show aptitude for interviewing and counselling. The public health nursing certificate is now a basic requirement. Of the 46 nursing counsellors employed at the time of the study, 32 possessed this qualification. Supervisory experience is required for nurses in the senior grades.

Briefly, the objectives of the nursing counsellor service may be stated as follows:

1. To provide essential first aid services for employees at their work.
2. To assist in keeping absenteeism within reasonable limits.
3. To do case-finding and to make referrals to appropriate sources in the community.
4. To assist the individual employee to help himself, through a program of health teaching and counselling.
5. To assist departmental personnel on matters affecting the health and welfare of employee groups.

After 12 years of experience it seem-

Miss Gordon is Chief Supervisor of Nursing Counsellors, Civil Service Health Division, Ottawa. Miss Huffman, who acted as survey director, is now on an assignment with the World Health Organization with her headquarters in Trinidad.

"Nursing Counsellors of the Federal Employee Health Service," *The Canadian Nurse*, February, 1957.

ed appropriate to determine to what extent these objectives have been realized and incorporated in the day to day practice of the health units. The study was designed specifically to evaluate each of these aspects of the nursing counsellor's function.

Purpose

The study was planned to obtain information about the activities of the nursing counsellors with the following questions in mind:

1. After 12 years, comprising initial planning, expansion and consolidation, is nursing time being used effectively?
2. Have some procedures outlived their usefulness?
3. Should new procedures or approaches be adopted?
4. Would a "fresh look" give insight into improved ways to plan work loads?

Although it was not intended to measure the quality of these activities it was anticipated that the study might help in future planning and in improving quality where the need was indicated.

Plan and Methodology

It was not considered practical to introduce observers into this work sampling study, as much of the work accomplished depends on the rapport establish between the nursing counsellor and the employee in the interview setting.

The working plan adopted, therefore, was to collect information from the nursing counsellors on their work activities following a statistically sound sampling schedule. The nurse was required to maintain a timed summary record of each successive activity during an observation period. To ensure that the whole nursing counsellor service was proportionately represented, the activities of each nursing counsellor were observed and recorded for each half-hour period of the day, according to a prearranged schedule — there being no duplication of observation periods. Furthermore, the schedule provided for an equal number of observation periods each day of the study.

The length of an observation period was set at one-half hour, making 15 half-hour periods in a 7½ hour work day. Each nursing counsellor had 15 observation periods representing every half hour of a day. Due to illness and other reasons, only 41 of the 46 nurses participated in the project.

Definition Sheet and Activity Record

To examine the scope of activity in health units two senior nursing counsellors recorded their activities for a period of one day. Using these records and activity classifications from other studies as a guide the committee drew up a classification of nursing counsellor functions. A definition sheet was prepared outlining the range of activities to be included under each function.

The definition sheet[1] was finally reviewed by the senior nursing counsellor group who found it a satisfactory framework for describing nursing counsellor activities.

A simple activity record was drawn up. It consisted of a single sheet of paper bearing the name of the nursing counsellor, her health unit number, and the date of observation.

Two columns on the left were used by the research team for coding, a third column was used by the nursing counsellor to record the time, and a fourth broad column was used by the nursing counsellor to describe each activity. A separate activity record was used for each observation period.

Orientation Program

The success of the project was dependent to a large extent on the cooperation of the participants. With this in mind, efforts were made early in the planning to acquaint the nursing counsellors with the objectives of the study through their regular staff education periods. A definite orientation program was arranged to discuss the method and the form to be used.

Key members of the planning committee met with the participants in group sessions. They were given a review of the objectives of the study and an outline of the method to be used. Through the use of the definition sheet and sample activity records the nurses were shown how to record their activities. They were instructed to describe their activities so as to

1. See Appendix

account for the full half-hour of the observation period, noting the time each activity commenced. Emphasis was placed on the fact that the study was to be made of the *functions* of the nurse, not of the individual nurse. It was explained that the data would be coded and subsequently statistically analyzed to study the nursing counsellor activities in relation to the various factors connected with her work. It was also explained that though the nurse's name appeared on the activity record a number had been assigned to each staff member. Anonymity would be preserved by using these numbers in the analysis data.

In the week preceding the study the nurses were asked to observe their activities for several half-hour periods and record them on the activity records just for practice.

The success of the orientation program was reflected in the attitude of the nurses to the project and by the quality of their participation. They were enthusiastic throughout the study and their recording, in general, was of high standard.

Tabulation of Data

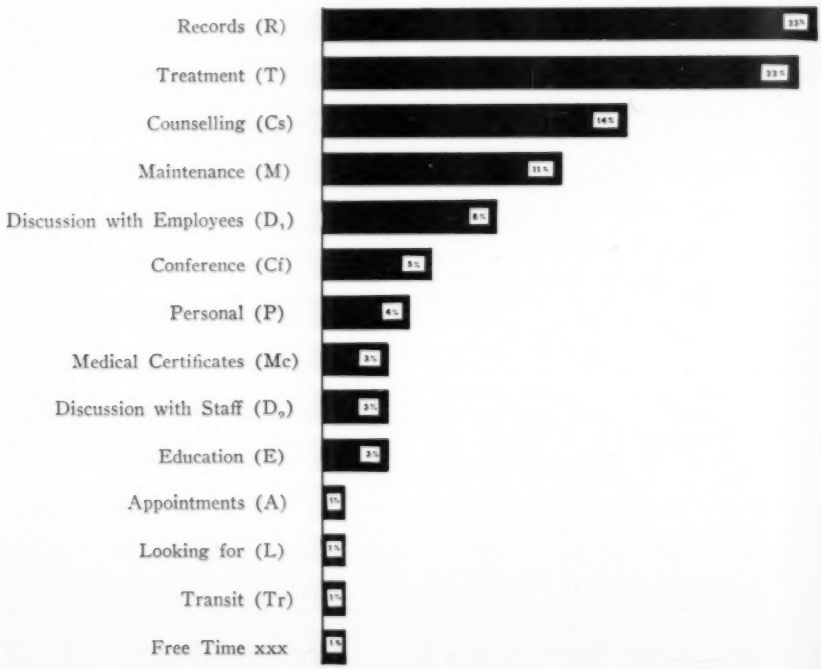
For the actual observation periods the nurses were notified immediately before they were to participate.

The completed activity records were collected daily and brought to the survey director for coding. The regular collection of records made it possible to check the observations for detail as soon as possible after the observation period so that inaccurate or inadequate recording could be checked with the individual nurse while the activities were still fresh in her mind.

The research assistant checked the coding on each record and together with the survey director tabulated the time spent on activities classified according to the definition sheet.

From the tabulation sheets, tables and charts were prepared with the assistance of the Research and Statistics

CHART 1 Percent Distribution of Time Spent According to the Type of Activity by all Nursing Counsellors



Division of the Department of National Health and Welfare.

Presentation of the Findings

For presentation of the findings, the nurse counsellors were brought together in two groups — half of the staff in the morning, the remainder in the afternoon of the same day. The objectives of the study and the methodology were reviewed. Each nurse was quietly handed a slip of paper on which was the number by which her activities during the project were shown on the tables and charts. When the findings had been presented by the survey director and the research assistant, the nurses were given time to examine the tables and charts to locate their numbers. Interested discussion took place — particularly in small groups during the coffee break. The nurses were told that a "profile" (similar to the overall "profile" in Chart 1), had been prepared for each unit. Considerable interest was expressed in these unit "profiles," and it is planned to give the staff of each health unit an opportunity to examine them at a later date.

"Standards" Used

Previous studies did not provide an appropriate standard against which to measure the results of this study. The following steps were taken to set up a unit of measurement. From Chart 1, "Percent Distribution of Time Spent according to Type of Activity by all Nursing Counsellors" the eight main activities were consolidated into five major functions as shown in Chart 2, "Time of Day Distribution of Major Functions for all Health Units." Of the remaining six activities on Chart 1, "Education" was kept as a separate function while the other five activities were classified as "Miscellaneous." This consolidation gave seven functions for which to set up a standard.

The senior nursing counsellors were asked to consider the seven functions and, as a group, to estimate what percentage of all nursing counsellor time should be spent on each function. This action was taken after the study had been completed but before the results were shown. In this way, the senior nursing counsellors arrived at their time distribution standard independent of the data of the study.

CHART 2 Time of Day Distribution of Major Functions for all Health Units

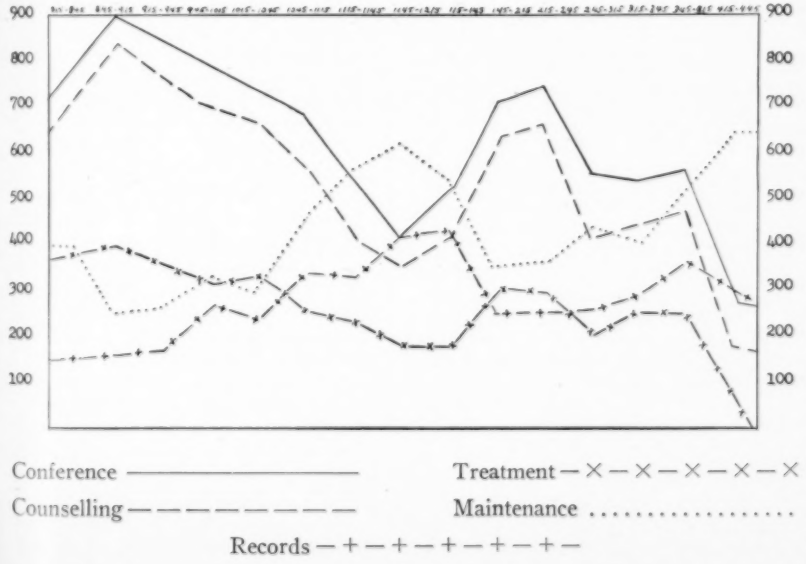


TABLE 1. Percent Distribution of Time Spent on Major Functions[1] by Individual Nursing Counsellors, by all Nursing Counsellors, Compared with Standard[2] Prepared by Senior Nursing Counsellors.

STANDARDS		INDIVIDUAL NURSES																					ALL NURSES	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Counselling (Cs + D_1)	33%	17	23	23	11	20	10	17	25	29	15	11	28	22	25	20	15	32	19	15	13	23	Counselling (Cs + D_1) (14 + 8) =	22%
Conference (Cf + D_2)	17%	10	4	8	12	26	4	7	8	11	2	3	21	5	3	14	6	12	8	12	2	6	Conference (Cf + D_2) (5 + 3)	8%
Treatment	17%	12	11	16	8	14	29	15	10	23	33	32	13	23	13	28	22	21	23	24	38	24	Treatment	22%
Records (R + MC)	15%	29	31	28	43	26	38	41	39	15	24	30	25	29	33	14	16	18	26	29	24	38	Records (R + MC)	26%
Maintenance	10%	11	12	15	8	7	6	11	5	18	20	18	2	8	14	7	18	3	9	9	19	2	Maintenance	11%
Education	5%	8	8	1	—	2	7	2	—	—	2	0	4	5	8	7	5	4	5	1	2	—	Education	3%
Miscellaneous	3%	13	11	9	18	5	6	7	13	4	4	6	7	8	4	10	18	10	7	10	2	7	Miscellaneous	8%

STANDARDS		INDIVIDUAL NURSES																					ALL NURSES	
		22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41			
Counselling (Cs + D_1)	33%	30	23	6	24	21	41	16	29	19	29	51	20	34	18	24	33	22	24	25	25		Counselling (Cs + D_1) (14 + 8) =	22%
Conference (Cf + D_2)	17%	3	10	8	4	4	11	—	14	3	6	7	5	11	2	5	6	7	7	9	1		Conference (Cf + D_2) (5 + 3)	8%
Treatment	17%	40	20	31	30	34	19	39	21	17	23	8	14	19	30	26	17	19	40	21	23		Treatment	22%
Records (R + MC)	15%	12	20	21	20	29	9	23	24	35	12	23	33	15	33	27	19	37	4	23	25		Records (R + MC)	26%
Maintenance	10%	10	18	17	13	8	10	20	4	16	18	3	19	9	6	10	18	8	17	9	15		Maintenance	11%
Education	5%	—	—	6	4	—	—	—	1	1	7	2	7	0	7	3	—	—	3	—	9		Education	3%
Miscellaneous	3%	5	9	11	5	4	10	2	7	9	5	6	2	12	4	5	7	7	5	13	2		Miscellaneous	8%

[1]Broader grouping of activity categories reported in Table 2.
[2]These standards were prepared in conjunction with the study independent of the data presented in this table.

Use of the Standards

1. Table 1 presents the *"Percent Distribution of Time Spent on Major Functions by Individual Nursing Counsellors, compared with the Standard Prepared by Senior Nursing Counsellors."* It would indicate that the standards in major functions are being met by a few nursing counsellors.

(i) *Counselling*
3 nurses met the standard
2 nurses exceeded the standard
36 nurses were below

(ii) *Conference*
none of the nurses met the standard
1 nurse exceeded it
40 nurses were well below

(iii) *Treatment*
2 nurses met the standard
28 nurses exceeded it
11 nurses were below

(iv) *Records*
4 nurses met the standard
33 nurses exceeded it
4 nurses were below

(v) *Maintenance*
3 nurses met the standard
27 nurses exceeded it (10 of these by only 2%)
11 nurses were below

While we may discount some individual differences due to sampling variations the picture remains clear that, in general, the nursing counsellors fell below the standards for "Counselling" and "Conference," and exceeded the standard in time spent on "Records." For "Treatment" and "Maintenance" there was a tendency for the group as a whole to exceed the standard.

Summary of Impressions

Space allows us to present only a few of the charts and tables prepared from our study. As noted, the final and detailed report is available on request.

Although a high degree of objectivity is necessary in conducting a study of this nature, certain impressions emerge which deserve special mention.

The voluntary interview would appear to be an area in which the service might expand its activities to move towards the standards set. Since the afternoon period shows a much smaller proportion of time spent on interviews, it is here that efforts might usefully be directed towards increasing employee participation in the counselling service.

The fact that senior nursing counsellors more nearly met the standard on time spent on "Conference" seems to indicate a need to look into the amount and quality of leadership the nursing counsellors in the smaller units are receiving — particularly in the areas of case follow-up, departmental relations and the use of community resources.

Several of the nursing counsellors have already offered suggestions, on the basis of the findings, for improving the quality of service and for economizing on nursing time. They have expressed concern over the high percentage of time spent on "Records" and the lower percentage on "Counselling." It is planned to make direct reference to the study during staff education periods in the coming year. In this way it is hoped that the nursing counsellors themselves will have a major role in interpreting and acting upon the findings of their study.

As mentioned earlier, one senior nursing counsellor was assigned full-time to the study; others were actively involved with research personnel in an advisory and consultant capacity. This method proved entirely workable in the program studied. It had the added advantage of causing a strong nucleus of nursing counsellor staff to feel a personal responsibility for the study and its long range value to the program.

The planning and conduct of this work sampling study has been a stimulating experience. The initial presentation of findings to the participants and to the medical staff of the Civil Service Health Division has met with interest and enthusiasm. With the present study as background, it is felt that a second study, carried out in about five years would enhance the value of this initial research venture.

Appendix

Definition Sheet for Work Sampling Study of Nursing Counsellor Activities, 1959.

The activities of the health unit have been divided into the following categories to serve as a guide in completing the "Activity Record."

Treatment (T) — this includes carrying out nursing procedures and examinations of employees; also health

teaching specific to the treatment, *i.e.* explanation and demonstration of medication and treatment, (*e.g.* dressing with instruction for home care).

Counselling (Cs) — this includes health teaching in its broader sense (as compared with treatment) *e.g.* interview on nutrition in reference to anemia, obesity or malnutrition; consideration of all other employee problems.

The actual mechanics of counselling are familiar to nursing counsellors and include listening, observing, evaluating, etc.

Records (R) — this includes: Employee health records, tally sheets, monthly summaries, separation lists, filing of records, unit history, rough notes, memos, draft copies, etc.

Medical Certificates (Mc) — this heading has been included to determine the time required for transfer of information directly from medical certificates to employee health records and indirectly by telephone from unit to unit.

Conference (Cf) — a formal exchange of views concerning a specific problem or topic. It is important to indicate *with whom and where* you have the conference, *e.g.* conference with nursing counsellors in your own or another Health Unit; conference with Medical Centre consultant; conference with other community agencies; conference with director, personnel staff or supervisor of departments served.

Discussion (D1 - with employees; D2 - with staff) — informal exchange or information.

Appointment (A) — making an appointment (*e.g.* Medical Centre or community agency) which does not include discussion or conference.

Education (E) — this includes activities which increase knowledge and skill of staff, such as reading periodicals, staff education meetings, educational films, orientation of new nurses, in-service development of staff, evaluation.

Maintenance (M) — this includes maintenance of Health Unit — setting up treatment room, quiet room, care of equipment and supplies, trays, etc.; requisitioning of supplies including literature.

Personal (P) — engaged in one's own activities; *e.g.* telephone call re own dental appointment.

Looking for (L) — when a real *search* is needed to locate records, keys, information, people, etc.

Transit (Tr) — this includes duty time spent in going to conference outside Health Unit or to relieve in another Health Unit or to another part of the building.

Free Time (xx) — any time not spent on above activities.

Identical Form, Inc. has prepared three aids for use in the rehabilitation of mastectomy patients.

A teaching kit for classroom demonstration

The kit contains a folder with illustrated teaching aids and a professional sample of the Identical Form. Because of the expense involved in assembling this material, only one kit is available, without charge, to each accredited school of nursing upon receipt of an official request signed by the director of nursing.

A guide for the mastectomy patient

This pamphlet assists nurses in counseling patients and demonstrating the prescribed exercises. It gives each patient the comfort of tangible reassurance. Written by a woman who has had a mastectomy, patients will find it sympathetic, understanding and optimistic. The guide illustrates ten basic postoperative exercises for individual selection. It encourages interest in good grooming, hobbies and sports. The importance of the doctor-patient relationship is carefully respected. There is no reference to cancer, malignancy or the Identical Form.

A brochure, "The Total Care of Your Mastectomy Patient"

This is an abridgment of the recent text, "Breast Cancer, Its Diagnosis and Treatment," by Edward F. Lewison, M.D., of the faculty of medicine of Johns Hopkins University. It lends itself to classroom teaching because it clearly outlines the pertinent role of the nurse in the postoperative care of the mastectomy patient.

For copies of these aids write to: Identical Form, Inc., 17 West 60th Street, New York 23.

No one can build his security upon the nobleness of another person.—WILLA CATHER

RHEUMATOID ARTHRITIS

W. G. MacDougall, M.D., M.R.C.P.E.

In spite of major discoveries in the medical field and the ever-increasing list of "miracle" drugs, some disease conditions still resist efforts to solve the mysteries of their etiology and control. Rheumatoid arthritis belongs in this category.

RHEUMATOID arthritis remains one of the great scourges of the human race. Like leukemia, its course has defied understanding in spite of the expenditure of much money and the constant probings of many research workers in centres throughout the world. Unlike leukemia, the disease does not kill. It inflicts a vast amount of suffering, not only upon the victim but indirectly on his immediate family as well. Although it attacks all age groups, persons 30-50 years of age, when earning capacity and family responsibilities are at their maximum, are more frequently affected. In many cases progressive crippling and permanent incapacity results. This prevents the mother from caring for her family or the father from earning his living. The cost of prolonged illness and the loss of earning cacapity often result in serious economic hardship for the whole family. Consequently, the disease has important social implications. For this reason, among others, national and international organizations have grown up whose aims are to foster interest, to stimulate research and to exchange knowledge concerning this disease and related rheumatic conditions. Special research centres have been established in some universities.

While the course of the disease eludes us, a great deal of knowledge has accumulated, especially in the last 15 years. The fundamental lesion appears to be located in the collagen fibre of the connective tissue. This fibre loses its characteristic structure and is replaced by a disorganized amorphous material. The process is described as "fibrinoid degeneration" — the amorphous material resembles fibrin but has not been proven to be fibrin. This change is accompanied by varying degrees of inflammation and the combined effects of the two processes provide the remarkable varied clinical manifestations of rheumatoid arthritis. Specific injury to the collagen fibre is not peculiar to rheumatoid arthritis. It occurs in other dissimilar but closely related diseases — notably rheumatic fever. All such diseases have been grouped together and called by Klempener "the collagen diseases." This has distinct weight in focusing attention upon collagen and other fibres which together with the ground substance form the connective tissue. Much of today's research into rheumatic disease is concerned with identifying and understanding the finer structure and function of connective tissue. We now know that far from being merely a mechanical supporter of the more specialized cells and organs of the body, connective tissue is vitally concerned with repair processes, antibody formation and the storage and exchange of nutrients, salts and water.

Inflammation is the response of the tissue to injury or threat of injury and is directed towards healing and the removal of the injurious agent. This accomplished, the inflammatory process resolves. In rheumatoid arthritis, no invading agent has been identified and the inflammatory response is haphazard and uncontrolled. The body behaves as though its internal intelligence system had gone wrong and it was endeavoring to combat a nonexistent invasion — the excessive reaction finally causing irreversible damage. In this sense it resembles leukemia in which there is uncontrolled reproduction of cells in response to some unidentified stimulus. In both cases the normal homeostasis over tissue responses has broken down.

Another important fact that has emerged is that in a high proportion of cases an abnormal antibody is present in the plasma. This can be identi-

Dr. MacDougall is a physician at Regina General Hospital, Regina, Sask.

fied by special techniques and forms the basis for certain agglutination tests such as the Rose-Woaler Test and the Latex Fixation Test — sometimes used in differentiating rheumatoid arthritis from other members of the collagen diseases. The antibody is often referred to as "rheumatoid factor."

A remarkable feature of the disease is the great variation in tempo of the inflammatory process. Sometimes it begins suddenly, progresses rapidly and in the course of a few months the affected joints are permanently destroyed and fixed. In other cases the disease is mildly but continuously active for many years causing only trivial disturbance of function. Different degrees of activity often coexist in one patient. The inflammatory process may cease for varying periods or permanently. Should this occur before joint cartilage has been destroyed function may be returned to normal. There is good evidence that perhaps half of the cases undergo complete remission in this way. Although we sometimes refer to "burnt-out" cases of rheumatoid arthritis, the disease in fact does not run a predictable course. It is very difficult to express a prognostic opinion in any given case. For the same reason the appraisal of the efficiency of specific drugs or other therapeutic measures is uncertain. Many different drugs are used in attempts to control the activity of the disease. At present there is no general agreement as to which drug is most effective.

Few other diseases provide such a challenge to doctor, nurse and physiotherapist as the management of a case of rheumatoid arthritis. In the absence of specific drug therapy, the main function of the medical team is to maintain morale and to encourage the patient's active participation in his own treatment in the hope that the disease will eventually become inactive. Crippling results from muscle disuse and misuse, as much as from direct joint injury. Much crippling may be prevented by active muscle exercise. *This is the most important single measure available to us.*

Many patients show a striking apathy and indifference towards their disability. Active muscle exercise can be performed only by the patient himself. To overcome his apathy and maintain his interest requires constant supervision and encouragement. Most other forms of therapy are merely aids towards realizing this objective: aspirin and codeine to relieve pain; heat and massage to remove muscle spasm; splints to maintain correct posture. With controlled rest, exercise and analgesics, quite remarkable increases in activity and physical well-being can be achieved.

There is evidence that some drugs such as gold salts and chloroquine can induce a remission but for reasons already discussed it is difficult to assess their value in individual cases. A large-scale controlled investigation of this problem is at present under way. A definite answer concerning the value of drugs should be available soon.

Cortisone (and related steroids) suppresses much of the inflammatory reaction accompanying the injury to collagen fibre and will produce quite dramatic symptomatic relief. This relief, however, can only be maintained by continuous use of cortisone and often in increasing doses. Cortisone itself induces changes in the tissues. The dosage and direction of treatment are fairly critical and, if exceeded, the resulting obesity and bone atrophy may be more crippling than the disease itself. Attempts to withdraw cortisone at this stage invariably make the symptoms worse. While cortisone has a definite though strictly limited place in managing rheumatoid arthritis, its use is a matter for expert judgment.

Until the cause of the disease has been uncovered, the relief of pain by drugs and the maintenance of function by active exercise must remain the major weapons against this distressing condition.

The Alumnae Association of the School of Hygiene, University of Montreal will hold its annual banquet on April 20 in the students' residence, 2222 Maplewood Ave. A special invitation is extended to graduates of 25 years or more. Please call Madeleine Gérard, at CR. 9-1906, or write 88 Duchastel St., Outremont, P.Q.

Rheumatoid Arthritis and You

VERONICA ORTON-JOHNSON

For the nurse who would like to exercise a greater degree of creativity in her work, the care of the patient with rheumatoid arthritis offers scope for initiative and ingenuity.

CAN YOU USE INGENUITY? Have you ever wished to be in a position where your ingenuity was really worthwhile? You may have the opportunity *shortly*. The nursing care of Mr. and Mrs. Rheumatoid Arthritis can offer you the chance! Will you fill the bill?

Place your warmth and interest in patients' problems, and your capacity to team up with others in readiness, for the successful nursing care of a sick, discouraged and apprehensive patient with rheumatoid arthritis will call on this, and all of your resources. Because of the character of the disease you will have no "specific" on which you may rely. Successful treatment can be carried out but *only* through cooperative effort by the patient, his family, his physician, the nurse, the social worker and the physical and occupational therapist.

The bill is a large one, but you can fill it if you are determined, if you have ingenuity and if you can keep in mind that your patient is an individual. Your first efforts might be a comprehensive plan that you have worked out with the other members of the health team mentioned above, plus the patient and his family. Your first consideration then could be "what progress has this disease made with my patient?" Provisionally we might consider the early rheumatoid patient, in whom the disease is relatively mild, as one with the first or acute stage of rheumatoid arthritis. The disease would involve only a few joints. The joints may be painful and swollen, the body temperature elevated and the patient toxic to some degree.

Or does your patient belong with phase two, where rheumatoid arthritis has been present in the patient for some time? Pain has discouraged and frightened him from activity. He desires relief and rest. He looks, and sees his future as a glum one, and he suffers many exacerbations.

It would mean a different nursing plan again if the disease had progressed to phase three. Here we consider the patients with rheumatoid arthritis of long duration. The problems are plentiful. There is immobilization due to crippling.

Fortunately, most rheumatoid arthritics are hospitalized at the onset for a period, depending upon the complexity or severity of the problem that they present. It is during this time that the foundation for your entire plan can be laid. From your first contact with your patients you can create an impression which may mean a stepping-stone, or a stumbling block.

Now is the time to feed the hunger of the patient and his relatives regarding the *whys* and *wherefores* of this disease, through a carefully planned health teaching program. "What should Mr. and Mrs. Rheumatoid Arthritis and the relatives know? Perhaps the first question to ask is, "What do *I* know, and what can I learn about this disease, in order to be able to teach properly?

It is not too late for review and research into all aspects of this disease. This may also spark your incentive, for once having reviewed the disease, the need for health teaching will be seen distinctly and will be motivation for you. What a challenge each phase of the disease represents to your ingenuity and initiative!

Prolonged rest, without specific instruction in bed positioning and joint mobilization, may lead to rapidly-appearing deformities and restriction of joint movement. Rest, an important tool, can turn into a two-edged weapon! How would you aid in the control of pain, in the maintenance of the best functional range of motion in the joints, and in the preservation of strength of the muscles activating the

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joints, when the patient is in the acute stage?

Have you considered how important the bed of the patient is? Is there a firm mattress well-supported by a fracture board that will give your patient support? Are the number of pillows kept to a maximum? It is easier to prevent flexion contractures than to correct them. Are the bed clothes warm? Have you eased the weight of the clothes from the patient?

The physical therapist plays an important role in keeping your patient a functioning member of society. Have you taken the time to observe her activity with your patient? You might supervise your patient during some of her active exercise periods especially when the physiotherapist is not present.

Guidance and teaching all along the way, for example by demonstration or conference with the patient and his relatives, is part of your responsibility as a nurse. Rest, adequate nutrition, proper body mechanics, body alignment and positioning, exercise, normal function of the bowels and bladder, general hygiene are only some factors that must be considered in the care of the patient at home, as well as in the hospital. The effect of a carefully devised plan will be most evident.

You must be sensitive to the total needs of the patient and his family if you are going to help him to find opportunities to express his feelings and to discover practical means for combatting his problems. Complete nursing service for the rheumatoid arthritis patient and his family is not possible without consideration of the emotional, social and economic factors that relate to the illness. Certainly, as a nurse, you cannot be expected to cope with all of the problems that evolve. You can be useful in correlating the efforts of the team, and you can act as a liaison between the members of the team. You can direct the patient in need of aid, concerning a special problem to the proper source for help.

If you harbor the ability to improvise, create, supplement, extend it to its limit for your patient. You may reduce a mountain to a hill for the patient who is in some way handicapped.

Observe your patient as an individual, and see his needs. One plan could not function for every patient. Look into the reservoir of your abilities, and air them all. You may never cure, but you can be of assistance to each Mr. and Mrs. Rheumatoid Arthritis.

How does the heart muscle keep going when hardening of the arteries is gradually choking off its oxygen supply?

Dr. Charles R. Park, a Vanderbilt University physiologist, suggests that the heart may have a built-in protective mechanism that produces energy without requiring oxygen in the cells. In Dr. Park's view, when the heart muscle is gradually being starved for oxygen by narrowing of the coronary arteries, glucose moves more rapidly than normally into the muscle cells. Here, by a complex chemical cycle, it is turned into energy without use of oxygen.

This theory was originally suggested by a group of British bio-chemists, one of whom is Dr. Howard E. Morgan. Dr. Park and Dr. Morgan are now testing this theory. Their method is to use a rat heart which is kept beating in laboratory apparatus that bathes it with a nutrient solution. First, they measure the amount of glucose which the heart muscle takes up from the solution in the presence of oxygen. Then they substitute nitrogen for the oxygen and observe any changes in the rate of glucose uptake by the cells.

Dr. Park reports that the phenomenon may explain more than how the heart muscle keeps going with clogged coronary arteries. That is, it may explain in part the increase in glucose utilization with muscular exercise.

— American Heart Association

* * *

In June, 1960 the commemoration of the Centenary of the opening of the **National Hospital,** Queen Square, London W.C.I. will be celebrated.

I should be glad to hear from any former members of the nursing staff who would like to take part in these celebrations or to receive notices or reports on them.

I am also anxious to have any information, including anecdotes, which may help in compiling the story of the growth and development of the nursing service of this hospital.

MARGERY LING,
Matron

Physiotherapy in Rheumatoid Arthritis

NANCY LAURIE, M.E.S.P.

The care of the patient with rheumatoid arthritis must include a carefully planned program of joint movements. This is of value in avoiding the incapacitating crippling effects of the condition.

THE PHYSIOTHERAPEUTIC treatment of rheumatoid arthritis is given under the direction of the physician. The progression of the treatment varies enormously from patient to patient as the disease itself can vary, but the general plan is much the same.

During the acute stage when the patient is on bedrest, the prevention of deformities is the main objective. This can be done by maintaining proper posture of the patient's limbs and body. The physiotherapist should move each joint through its full range at least once a day.

When the pain has subsided slightly, gentle active exercises can be started. These should not be enough to tire the patient. Hands, elbows, shoulders, feet, knees and hips should be included. Static contractions of the quadriceps are especially important. Strong quadriceps are necessary for walking, for preventing flexion deformity of the knees, and for relieving strain on the knee joints. A Balkan frame and an overhead sling can be used at this stage. They are especially useful for movements of the shoulder and hip joints since they give a good range of motion to these joints with little muscle work involved. Gravity and the friction of the limb on the bed are eliminated. Deep breathing exercises are included to keep the rib-cage mobile. Mild infra red rays are useful before exercising. This relieves some pain and makes the movements easier to carry out.

When the patient becomes ambulant and can attend the physiotherapy department, heat is usually continued. Wax baths are useful for hands and feet as the heating effect surrounds the small joints. The previous regime of joint movements is continued and exercises are increased to include resisted work. There is always considerable muscle wasting due to disuse during the acute stage and to the pathological changes of the disease. The quadriceps are given increasing amounts of weight to lift. Springs are used as resistance for knees and hips. Various weight-and-pulley devices are used for strengthening shoulders and elbows. The mobility of the hips and knees is aided by bicycle riding; of the shoulders by overhead pulleys, large wall wheels, etc. Back strengthening exercises are given to maintain posture.

During the weekends or in the evenings when the patient is not attending the department, a simple set of exercises, such as the following, can be done on the ward and supervised by the nurse. Each movement should be done about five times to begin with, and then increased gradually according to the patient's tolerance keeping well within the fatigue limit.

1. Make fist; stretch out fingers.
2. Bend wrists forward and back. Turn them in circles.
3. Bend and straighten elbows.
4. Put fingers to shoulders, then stretch arms out to sides.
5. Put fingers to shoulders, then stretch arms overhead.
6. Put fingers to shoulders, then stretch arms forward at shoulder level.
7. Put fingers to shoulders, then circle elbows.
8. Bend and stretch knees.
9. Lift one leg at a time straight off bed.
10. Lie face down; lift one leg at a time straight off bed.
11. Lie face down; lift head and shoulders off bed.
12. Sit with legs over side of bed and swing them.

An exercise list should be given to the patient on discharge. Suggestions are given for arranging pulleys, etc. at home. The patient should be impressed with the necessity of keeping up a program of joint movements.

Miss Laurie is a physiotherapist at Regina General Hospital, Regina, Sask.

PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, OTTAWA

Our President

Miss ALICE GIRARD has been made Assistant Director General, Nursing Service, at St. Luke's Hospital, Montreal. We, of National Office, extend to Miss Girard our warmest congratulations and we know, that in this, the officers and members of the Canadian Nurses' Association would most happily join us.

Convention Bound?

We have pleasure in confirming that the member lines of the Canadian Passenger Association have granted reduced fares on the Identification Certificate Plan for persons attending the CNA 30th Biennial Meeting in Halifax, N.S., June 19-24, 1960.

The authorized dates for the start of the **going** journey will be as follows:

From stations on western lines — all points west of Fort William and Armstrong, Ontario, June 13 to 21 inclusive, 1960.

From Newfoundland, June 13 to 21 inclusive, 1960.

From stations on eastern lines — Fort William and Armstrong, Ontario, and all points east thereof, except Newfoundland, June 16 to 24 inclusive, 1960.

This certificate entitles the nurse to travel for "one and a half fare," that is one way full fare and return half fare. The trip must be made within the authorized dates which extend 3 to 4 days before and after the convention.

Upon receipt of application for registration for the CNA Biennial Convention, the Round Trip Identification Certificate is sent to each registrant together with other convention material.

Local CNR representatives will keep in touch with the transportation chairman in each provincial nursing association to inform them regarding train schedules, connections, etc.

ICN Exchange of Privileges

One of the objectives of the International Council of Nurses is "to offer facilities for the promotion of international understanding." As one step toward this objective it maintains a program for exchange of privileges available to all nurses who are members of one of the national associations affiliated with the ICN.

During 1959 Canada received 54 nurses from 12 countries — Australia, New Zealand, Denmark, Finland, Great Britain, Holland, India, Nigeria, Norway, Sweden, South Africa, Switzerland and United States — for employment in almost every field of nursing. One nurse from Denmark applied for extension of time in Canada. National Office, with the cooperation of the provincial associations arranged study and observation programs for 25 nurses from seven countries.

Canadian nurses have also taken advantage of this program. During the past year National Office has assisted 16 Canadian nurses to obtain employment in six different countries — Belgium, Denmark, England, France, Sweden and Switzerland. Study and observation programs have also been arranged for seven Canadian nurses in three different countries — Great Britain, Denmark and United States.

The CNA wishes to take this opportunity to pass on the gratitude and expressions of appreciation of all nurses participating in this program to the various associations and health agencies who have planned such interesting and varied programs. This association also wishes to express its appreciation to all national and provincial associations for their interest and cooperation

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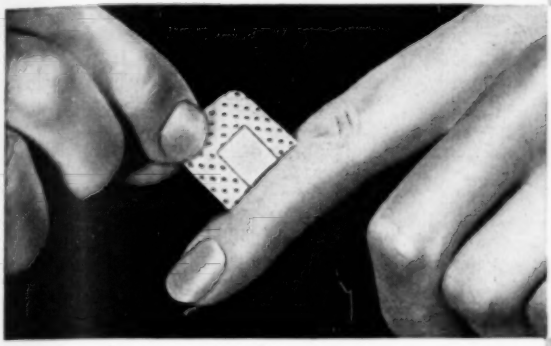

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in the planning of programs for both visitors and Canadian nurses travelling abroad.

CNA National Office welcomes any inquiries or requests from Canadian nurses and urges them to take advantage of this program. In this way you are assured of a warm welcome and the full cooperation of member associations of ICN.

International Visitors

A welcome is extended by CNA to three nurses from England on Study Scholarships who are visiting Canada during April for Observational Study Programs.

Miss **Phyllis Friend,** matron designate of the London Hospital, Whitechapel, London, will be visiting hospitals and schools of nursing in Vancouver, Victoria, Calgary, Toronto, Ottawa and Montreal. Her interests are in hospital administration and planning, and nursing education.

Miss **Marjory A. Priest,** principal sister tutor, Bristol Royal Hospital will be concentrating her study of nursing education in Toronto, Ottawa and Montreal.

Mr. **Clifford H. Scowcroft,** principal tutor, Penderfields General Hospital, Wakefield, Yorks., is also interested in studying methods and types of Nursing Education Programs, and will be visiting Windsor, Toronto, Ottawa and Montreal.

The exchange of information and ideas in all areas of nursing is most beneficial both to the host associations and agencies and to the visitors.

National Office Activities

In preparation for the CNA Executive Committee annual meeting in Ottawa, February 1960, National Office reviewed its activities of the past year. Many of these activities have already been recorded in this column and on other pages of *The Canadian Nurse.*

The following statistics might prove interesting. It seems almost unbelievable but in 1959 CNA conducted 34 meetings. CNA also participated in many meetings of other associations.

National Office representatives attended five provincial annual meetings. Addresses were delivered at four of these meetings, representing a total audience of 5725. Assistance has also been given with five institutes or conferences.

One of the objectives of the CNA is "to promote the best interests of the nurses of Canada and to maintain national unity among them." The remoteness one feels to individual CNA members often appears to be a disadvantage in the promotion of this objective but when one considers the above and the fact that in the past year 3865 letters were received in and 6837 mailed from National Office this problem is not as great as it appears. In addition, 10336 copies of CNA publications both in French and English were distributed from this office.

This is only a brief and by no means complete picture of the daily activities of National Office. One other item that we feel will interest you is the frequency of requests for assistance in the publication of various articles on nursing. Recently information on nursing in Canada was supplied for an article published in *Reader's Digest.*

Material has been supplied which will be incorporated into the revised edition of the textbook "Thresholds to Professional Nursing Practice" written by Miss Frances McKenna, USA. Articles have also been written for "The Record" published by the National Council of Hospital Auxiliaries of Canada and for the Alumnae Association of the Johns Hopkins Hospital School of Nursing.

Though man a thinking being is defined,
Few use the grand prerogative of mind.
How few think justly of the thinking few!
How many never think, yet think they do!

— JANE TAYLOR

* * *

Man is cleverer with his hands than with his head. He invents things and alters the whole condition of his environment, but he lags behind in adjusting his thoughts and the customs and institutions which organize his community life to the new way of life that his inventiveness has created. He is forever putting new wine into old skins, and is surprised when the skins burst.

— LEONARD BEHRENS

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1. Marks, M.M.: Am. J. Digest. Dis. 18:219, 1951

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NURSING PROFILES

Alice Wetmore Potter has been appointed educational consultant on the staff of the Brunswick Association of Registered Nurses.

A native of St. George, New Brunswick, Mrs. Potter attended Acadia University, Teachers College, Fredericton and the University of New Brunswick. She taught school in her native province for five years before entering nursing at Presbyterian Hospital, New York City. Following graduation Mrs. Potter was an acting head nurse in her home hospital and an industrial nurse in Long Island. In 1949 she graduated from Teachers College, Columbia University with a Bachelor of Science degree and went on to obtain her Master of Arts in guidance and student personnel.

Mrs. Potter served first as pediatric supervisor, Babies' Hospital, N.Y., then as surgical supervisor at the Columbia University Student Health Centre.

Her interest in academic pursuits took her back to Columbia where she has obtained post-master's credits in sociology, social psychology, mental health, curriculum and instruction.

While a U.S. army captain, she was head nurse, medicine and supervisor of fracture service.

Her social activities include membership in the Women's Faculty Club of Columbia University, the Ballet Club, Museum of Modern Art and Business and Professional Women's Club, all of N.Y.C. In her leisure Mrs. Potter is a bird-watcher and golfer.

Edith Rainsford Dick has been appointed chairman of the Volunteer Nursing Service of Ontario division, Canadian Red Cross Society.

Born and educated in Milton, Ontario, Miss Dick left the University of Toronto after two years in arts to enter the Johns Hopkins Hospital School of Nursing in Baltimore. She returned to the University of Toronto to complete requirements for her B.A. degree and also obtained her certificate in public health nursing.

From 1932 to 1935, she was engaged in administration and supervision in the Ontario Mental Hospitals. Until 1940, when she enlisted in the RCAMC, she was inspector of Training School for Nurses in Ontario. When she was released from active service in 1945 she held the rank of Major (Prin. Matron). She was awarded the Royal Red Cross, first class, in June, 1944.

Since the war Miss Dick has been acting director of the Nurse Registration Branch, Ontario Department of Health.

(Canadian Pictures Ltd.)

EDNA M. SQUIRES

Edna M. Squires recently retired from the Ontario Department of Health's Division of Public Health Nursing after 38 years of service.

Following graduation from Toronto General Hospital in 1916, Miss Squires spent four years as a staff nurse at T.G.H. before taking a position with Union Carbide in Hamilton. In 1921 she joined the Ontario Department of Health, first with the Division of Industrial Hygiene, and later with the Division of Maternal and Child Health and Public Health Nursing. She spent many years in Rainy River District and in Eastern Ontario counties demonstrating public health nursing in the rural areas. Since 1952 she has held the position as assistant to the director in the Division of Public Health Nursing.

Sheila Margaret Lilian Nixon, Manitoba's editorial advisor to *The Canadian Nurse*, has been made nursing consultant in the Division of Hospital Standards, Manitoba Hospital Services Plan.

Miss Nixon, who was born in England came to Canada at an early age. She is a graduate of the Toronto General Hospital

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* Niedelman, M. L. and Bleier, A.; Jour. Ped., 37:5, 762, Nov. 1950
Fischer, C. C. and Lipschutz, A.; Am. Jour. Dis. Child, 89:5, 596, May 1955
Benson, R. A., et al: Arch. Ped., 73:250 - 8, July 1956

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and the University of Western Ontario, where she secured a Bachelor of Science degree. In 1958 Miss Nixon attended Teachers College, Columbia University graduating with a Master of Arts degree in Administration in Nursing Education.

During the war she served as a V.A.D.

SHEILA NIXON

in the British Red Cross Society attached to the Royal Navy. In 1943 she was awarded the Associate Royal Red Cross for meritorious service in Egypt.

To her new position she brings the experience of having been assistant director in nursing at the Ottawa Civic Hospital and director of nursing of Children's Hospital, Winnipeg.

In her leisure time Miss Nixon enjoys music, reading and swimming.

After 27 years with the Child Health Association in Montreal, **Ethel Blanche Cooke** has retired. She was born in Arundel, Quebec, where she received her early education, following which she attended Macdonald College, School for Teachers.

After graduation from the Montreal General Hospital in 1928, she did private nursing. In 1932 she obtained her certificate in public health nursing from the McGill School for Graduate Nurses following which she joined the staff of the Child Welfare Association of Montreal. Five years later Miss Cooke was supervisor of the Chandler Health Centre. At the time of her retirement she was Educational Director of the Child Health Association.

To anyone who had contact with Miss Cooke, it was obvious that she enjoyed her work with children, their parents, her staff and the many McGill students who came to the agency for experience.

Eleanor Gertrude Johnson is now the educational director, Chandler Health Centre of the Child Health Association, Montreal.

Miss Johnson was born in Charlottetown, P.E.I., attended school there and at Mount Allison Ladies College, in New Brunswick. She received her basic nursing education at the Royal Victoria Hospital in Montreal, then engaged in private nursing for 11 years.

Her postgraduate education includes certificates in public health nursing, administration and supervision in public health nursing from the McGill School for Graduate Nurses, and in leadership training in parent education from the Mental Hygiene Institute, Montreal.

Prior to her present appointment, Miss Johnson was director, Social Service Department, Veteran's Welfare Centre of the Canadian Red Cross Society. In 1948 she joined the Verdun Branch of the Child Health Association as senior nurse. She became the supervisor in 1953.

During World War II Miss Johnson served with the RCAMC as Lieutenant (Nursing Sister) in England, Italy and Canada.

Miss Johnson is a member of the United Services Club and enjoys photography and touring the country in her Volkswagen.

ELEANOR G. JOHNSON

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Pearl C. Graham has retired after nearly 28 years of Nursing Service with the Ontario Department of Health, Mental Hospitals Division.

Following graduation in 1932 from the Ontario Hospital School for Nurses in Whitby she served as head nurse and night supervisor at her home hospital. Her postgraduate studies include a year in the psychiatric nursing course at Whitby and nursing education and administration at the University of Toronto School of Nursing.

Miss Graham, as a member of the teaching staff of the Ontario Hospital, London, assisted in the initiation of a course of affiliation in psychiatric nursing. A little later she became assistant director of nursing there. In 1940 she transferred to the Ontario Hospital, New Toronto, where, in 1942, she was appointed director of nursing, a post she held until her retirement.

She is now living in Barrie where she enjoys reading and hockey in the winter, and when spring permits, her favorite pastime, gardening. Her host of friends and associates wish her a long and happy retirement after loyal and dedicated service.

Florence Gruchy has retired after 40 years of missionary work in India.

Born in France, she came to Canada as a child to join her brothers who were homesteaders at Strasbourg, Saskatchewan. Following graduation from the University of Saskatchewan in 1916, she entered nursing at the Winnipeg General Hospital.

Through the Women's Missionary Society of the United Church of Canada, Miss Gruchy went to Banswara, India as nursing superintendent of a new hospital. In 1935 she left Banswara to become superintendent at Rutlam Hospital, then Hat Piplia Hospital and finally Indore Hospital, where she remained until her retirement.

Her main work in Indian nursing was the education of Indian Christian nurses and the growth of the profession. She inaugurated the Mid-India Board of Examiners for nurses, was its first secretary and has been in close association with it for 30 years. Part of the board's work entailed translation and printing of textbooks. Miss Gruchy spent a year learning Hindi on her arrival in India.

The Nurses' Auxiliary of the Christian Medical Association of India was organized with the help of Miss Gruchy. Throughout her association with nursing education she emphasized cultural pursuits for students.

In recognition of her tremendous contribution and outstanding service to nursing in India, she was presented with a silver replica of Florence Nightingale's lamp.

Miss Gruchy now resides in Neville, Sask. with her sister, Dr. Lydia Gruchy, who was the first woman to be ordained in the United Church of Canada.

Audrey Margaret Shiach has been appointed associate director of nursing education at the Atkinson School of Nursing of Toronto Western Hospital.

(Le Roy Toll)

AUDREY SHIACH

Born and educated in Toronto, Miss Shiach received her basic nursing education at McMaster University in Hamilton. Here she obtained her Bachelor of Science degree and a certificate in ward administration, supervision and teaching. On graduation, Miss Shiach did general staff nursing, then spent seven years as a clinical instructor in medicine at T.W.H. Prior to her recent appointment she was clinical coordinator and assistant director of nursing education also at T.W.H.

A man should always consider how much he has more than he wants and how much more unhappy he might be than he really is.
— JOSEPH ADDISON

The reader who is illumined is, in a real sense the poem. — H. M. TOMLINSON

* * *

Nothing is stronger than custom. — OVID

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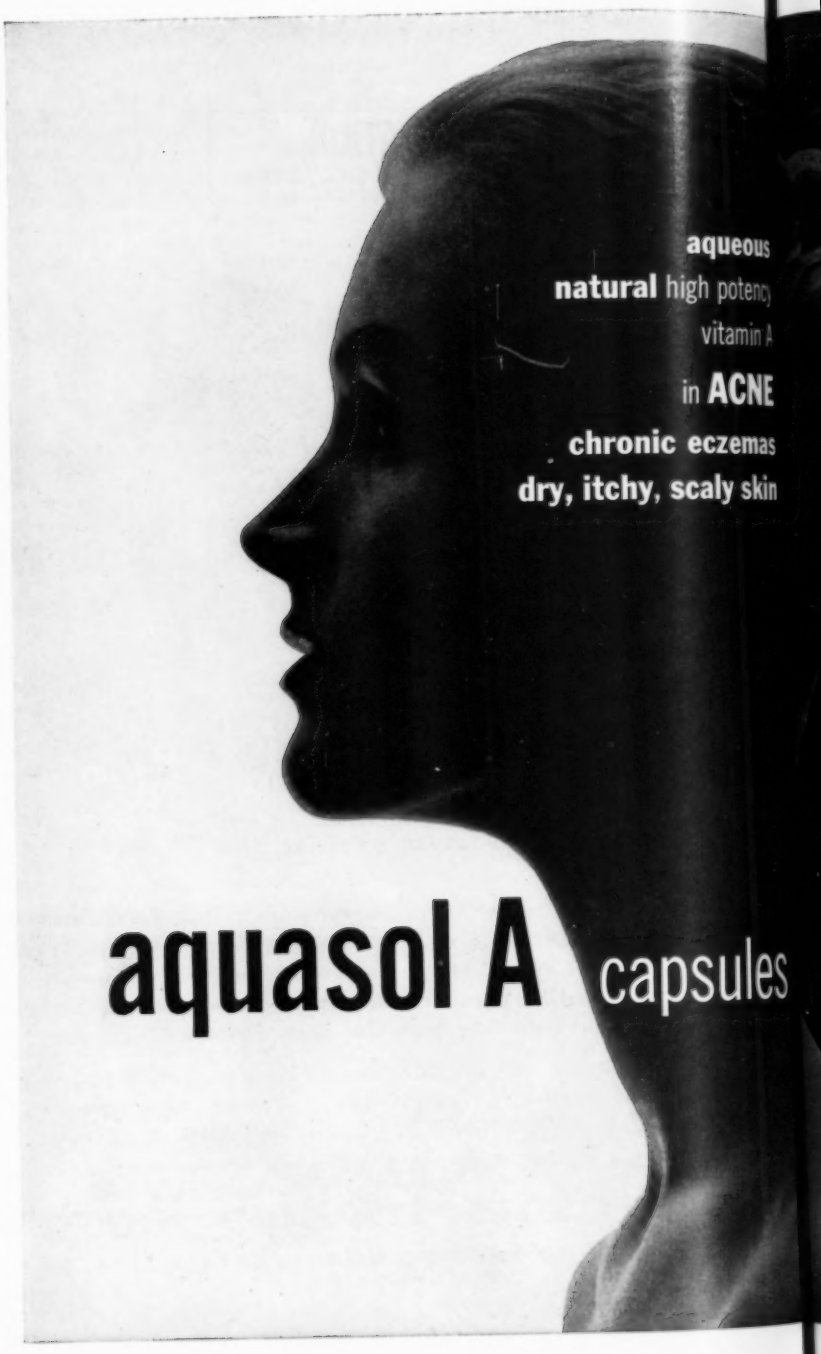
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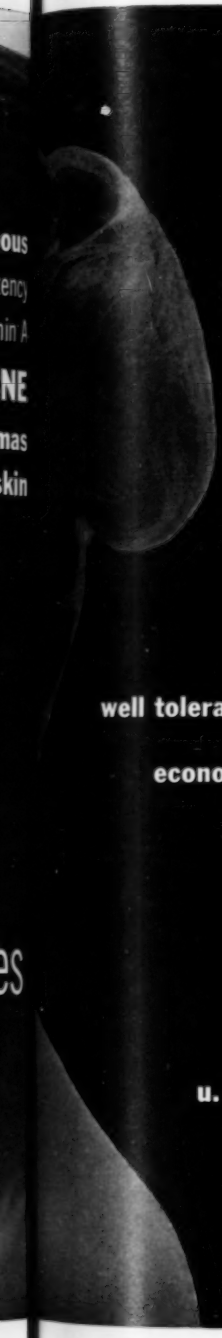

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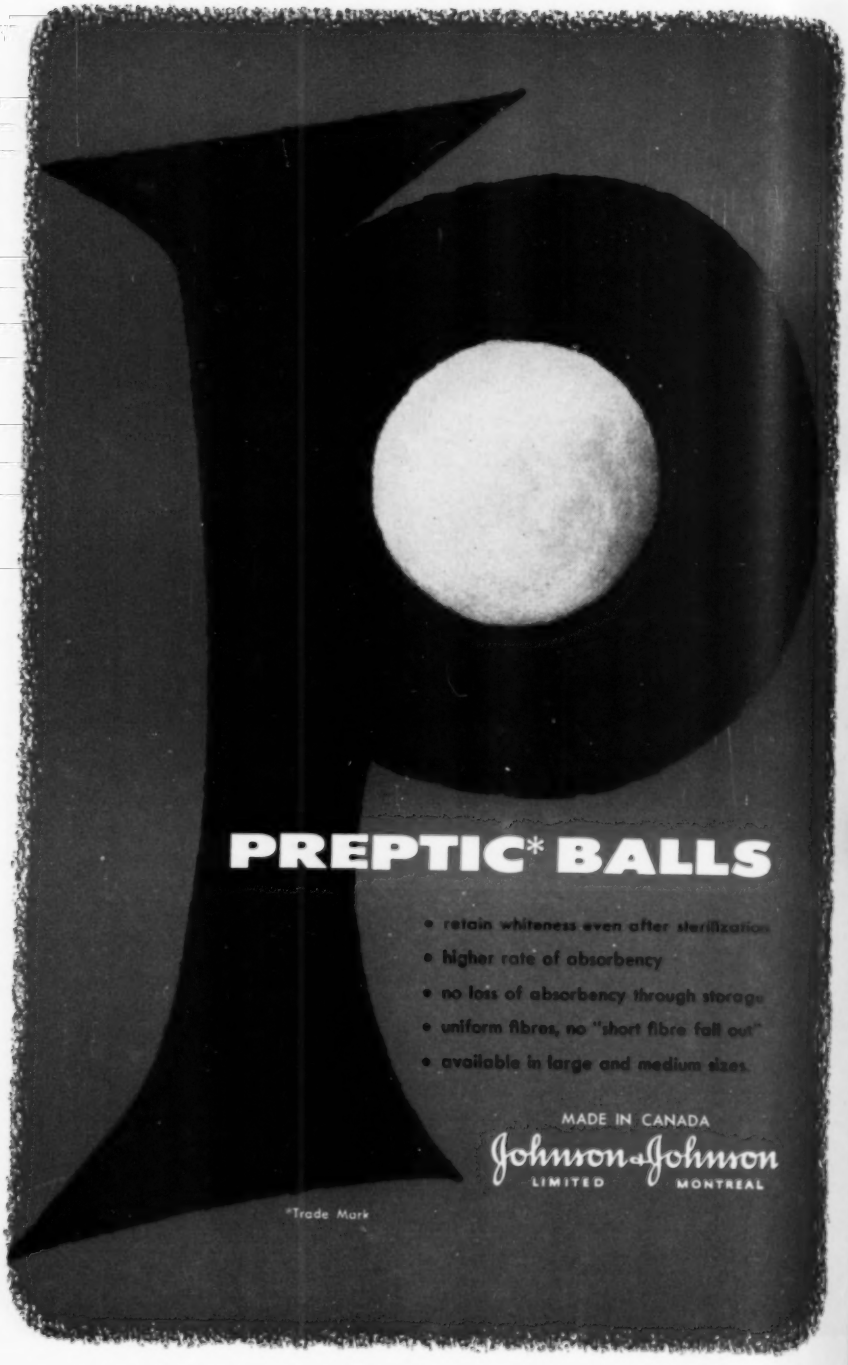
1. Davidson, D. D. and Sobel, A. E., Jl. Invest. Derm. 12:221, 1949.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chronic ills—Since illness and surgery may cause serious protein depletion, a high protein intake is desirable in these states. "Meal Planning" describes diets from clear liquid to full convalescent. It offers the homemaker for the first time detailed daily suggested menus for each type of diet and many helpful hints on planning meals and managing the nutritional problems of the sick. Best of all, it has dozens of appetizing recipes that will appeal to finicky eaters.

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1. The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc. and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

Play Therapy and the Nurse

FRANÇOISE MILLER OUELLET, B.Sc., ED.N.

Occupying the free time of the hospitalized child envelops, in the simplicity proper to that age, the whole process of curing illness, supervising growth and development, carrying on school lessons so that basically this is a program of rehabilitation rather than play therapy which begins at the time of admission.

AS AN INTRODUCTION to this study the organization of leisure-time must be assigned to a specific area within the scope of education and general development. Leisure time may be defined as the hours within the course of a day which are not devoted to work or to rest. It is a time for recreation and relaxation, for vacation. This is the usual meaning that we associate with the term leisure.

However, another and much more dynamic interpretation can be made. If we identify leisure time with the various activities, games or sports in which the individual can indulge, then we can define it as an opportunity to promote development of the well-balanced individual. It can include both indoor and outdoor sports, walking, travelling, reading, studying, manual work, family parties and other social functions.

Children, as well as adults, have free time that should be spent in a healthful way. The child who is hospitalized must have this free time planned for him. The primary objective in organizing a program of recreational therapy is to help the ill and to round out their course of treatment.

It is now generally acknowledged that education can be carried on through play therapy. This was confirmed by Maria Montessori in her book "Scientific Pedagogy." It is a method that is presently being used in primary schools the world over as well as in some secondary schools.

There is very good reason then to organize a recreational program especially where a long period of hospitalization can be expected as, for example, in bone conditions, poliomyelitis, acute rheumatism, some types of skin grafting and esophageal strictures.

Mrs. Ouellet teaches chemistry and bacteriology at St. Justine's Hospital, Montreal and is the mother of two small children. This is the first section of her article on the importance of a recreational program in hospital.

Physiological Factors

As a beginning we can consider the biological needs of the child of 10-13 years and decide whether or not there is a definite need for such a program.

In hospital the child is subjected to a predetermined routine that includes treatment-exercise and recreation. One cannot ignore the physiological principles which direct the organization of free time and allow the children to have the benefit of regular hours of relaxation and exercise outdoors. Without this both mental and physical well-being would suffer.

Health is an entity. Illness or physical disability, depending upon certain psychical factors, can arouse a multitude of phenomena that are sometimes more marked in the child. The difficulty that he finds in adjusting to the environment within the hospital depresses and wearies him. At this particular age the child possesses tremendous possibilities, physically and mentally, and requires opportunities for self-expression. Leisure-time activities should provide an environment in which the child can learn through experience and his personality develop to the full. The physiological needs of active, creative children always remain the same.

Psychological Factors

Because they affect life as a whole these factors require consideration. At home, the child plays because it is the natural thing for him to do. During illness the child has had to fight an infection although he has been unaware of this. As he recovers his strength.

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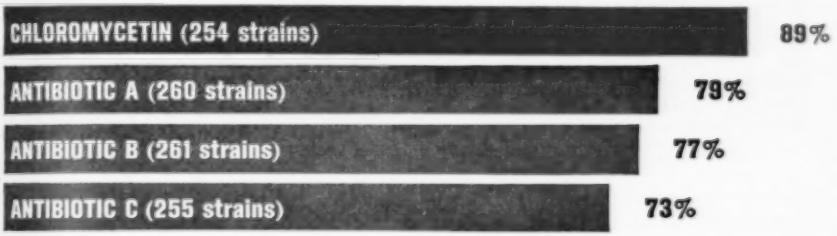

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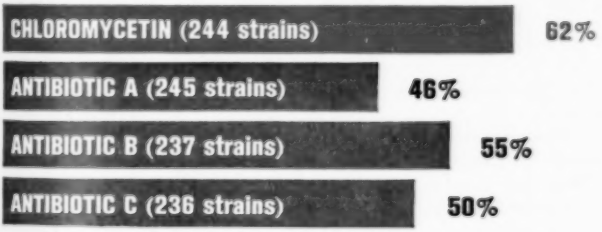

*Adapted from Leming, B. H., Jr., & Flanigan, C., Jr., in Welch, H., & Marti-Ibañez, F.: Antibiotics Annual 1958-1959, New York, Medical Encyclopedia, Inc., 1959, p. 414.

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The Handicraft Corner

he expects to resume his customary amount of activity and will not accept restrictions very happily.

Unlike the adult, the child is in a constant state of change. His growth is not arrested by illness or convalescence; but sometimes slowly, sometimes more quickly his physical, intellectual and emotional development goes on right through his period of hospitalization.

Through play, the child prepares for life as an adult. He learns to live as a reasonable, interested, cultured individual using the free time at his disposal to greatest advantage. Often his leisure-time activities reveal areas of interest that will always have an attraction for him and through which he will be able to develop his special abilities and talents. This may even be a means of helping the individual to decide on a vocation. Finally, recreation acts like a valve to channel the need for excitement and physical activity that arises from the superabundance of activity characteristic of the child.

The child's attitudes, interests and goals help to show us what his leisure-time means to him. He may tell us quite seriously "I have just come from work" believing rightly or wrongly that he has been helping the nurse. His so-called work is really a game if he goes about it of his own free will. The nurse's role will be to guide the child's activities while respecting his freedom as much as possible. Free time should provide a change from bed and medical treatments. The child should have a chance to shout and romp but the nurse must temper such frollicking so that the energy burned up does not exceed the degree of recuperation.

Moral Factors

Play time can provide an excellent opportunity for instilling moral values. Free time is necessary for physical and emotional relaxation but it can also be an opportunity for self-improvement. Children always experience so much joy and satisfaction from play that it is constantly necessary to help them achieve a proper balance.

The child must be helped to see that there is a time for work as well as for play; that there are certain limits to be accepted. He must realize that play-time cannot be allowed to interfere with his progress as a whole; that limitations have to be set in sports

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when there is the possibility that such a balance will be upset. Generally speaking, however, most sports call for intelligence, imagination, initiative, sensitivity, memory. They tend to develop such qualities as courage, will power, daring, tenacity, self-control, frankness, loyalty and particularly team spirit or the spirit of mutual aid — "one for all and all for one." The nurse can help the child to see his role as a team member through the help that he gives to others. She helps the child prepare to face the problems of life and to realize the interdependance between human beings.

It is important, then, that children should develop in an environment that emphasizes what is good, beautiful and true. Their leisure-time activities may determine whether or not their future lives will be happy or unhappy. What the everyday world lacks in beauty should be compensated for through recreation. It is from this that the great responsibility of parents, educators and hospital personnel derives.

Recreational Activities for the 10-13 year old Child

Any person who assumes responsibility for the care of a child must provide total care — physical, mental, spiritual and emotional. Means of providing amusement for him would fill a book — plastic work, soap sculpture, knitting, toy-making, weaving, leatherwork, music, marionnettes, felt-work, sketching, basket weaving etc.

Physical Organization:

As a first step in providing a recreational program, there should be a special area set aside for this purpose to give the child a change of scene, to take him out of an environment of illness and provide an opportunity for social contact with other boys and girls. It would be even more desirable to have two or three rooms large enough so that children who are up and about or who can get around on crutches, etc., may be able to move freely. The nurse should see to it that the arrangement of the department encourages this. It should even be possible to bring patients in their beds so that bedridden children can participate as well.

One section of the department should be set up as a library. There should be a variety of reading material arranged according to its content and the ages of the readers. There should be a card system to ensure proper rotation and return of the books.

Another section should have tables holding all the equipment necessary for manual work — either for teaching purposes or for use by the children. These require special and careful planning. There should be a table set up for leatherwork with a small work board, plastic material, tracing-awl etc.; one for artwork with paper, pencils, rulers, paints; another for needlework.

Finally, the third section should be for games — ping pong, dominos, puzzles of all kinds, card games, checkers, doll house furniture, etc. Cupboards and bins will be needed for storage space and a toilet, wash-stand and a cloakroom will be equally necessary.

Reading Material:

Books for a children's library must be carefully selected. The interests of the child, his age, the external appearance of the book plus other factors must be considered. The nurse should have a good idea of the content of each book and should guide the child's reading but without forcing his interest in any one direction. Interests vary — what is pushed aside today will be eagerly sought tomorrow. A library suitable for children 10-13 years old should contain books on adventure, history, poetry, science and music as well as animal stories, fairy tales, sociological stories, humorous stories, classics.

Manual Work:

As far as games and specific occupations are concerned, certain ones are specially adapted for use by children who must remain in bed while others can be carried out equally well by bedridden or ambulatory patients.

The use of the marionnette is particularly worthwhile. The little figure comes alive in the hands of the child and puts into action what the human cannot express. Equally suitable are the little hand puppets. The youngster furnishes the conversation and makes the puppet perform all sorts of characteristic movements or mimicry either related to an imaginary character, a hospital situation, etc.

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Ideally there should be a teacher to guide the children who are interested in art. The paints used must not be of a toxic variety. Children with respiratory conditions must be carefully screened before they are permitted to participate.

Painting figurines is a pleasant pastime for anyone. Pretty replicas of Dresden china can be produced without requiring firing or baking. A special paint applied to the model gives a good ceramic glaze.

As purely feminine occupations, basket-weaving, felt-work, knitting, sewing and embroidery are always of great interest to 10-13 year-old girls. Embroidery is an easy type of work. Little girls can work on tea napkins, dish towels, table centres, guest towels. Those who show special skill can be taught to smock baby clothes although the nurse will have to cut out the dress and stamp the design. Small girls also enjoy knitting — scarves, mittens, baby bootees, socks for themselves, baby vests, bonnets, shawls.

Leather embossing is generally learned at a more advanced stage. Everyone is interested because this work is something out of the ordinary and the articles that can be made are useful to the children. The materials required are much more complicated and expensive. Cutting, punching and outlining the pattern on the leather offers an opportunity for muscular exercise of the hands and fingers. Lacing calls for flexion and extension of the muscles of the arms and shoulders with pronation and supination of for forearms.

Old x-ray films can be used to make book markers and little baskets. A punch and colored wool are needed for this. Little girls particularly enjoy making shell or plastic jewellery. There is scope for a wide variety of patterns.

For those who like more ingenious forms of amusement, walnuts can be fashioned into a number of novelties and there is an opportunity for individual skill and imagination. Plum,

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Games:

Puzzles, dominos, card games, "cut-outs," and coloring pencils are suitable materials for this particular age group. They provide an opportunity for more direct social contact between the children thus developing their spirit of sociability.

Educational projects such as plant-growing can be included here and provide a whole range of lessons in nature. It is unfortunate that the attention of city children is not directed towards this end to a greater degree. However, it is never too late to do something about it. The nurse can open up new horizons which will either supplement or make up for what is lacking.

The coloring pencil reveals the creative spirit of children. All that is necessary is to provide drawing paper and encouragement. The children can also be given pictures that only require coloring which helps to develop a sense of harmony.

A familiar game, and one that is always popular, is the three-foot long string with the two ends tied together which can be made up into a number of patterns according to the arrangement of the cords. It strengthens the hands because it requires precision, finger stretching and contraction.

Musical chairs is another possibility. In seating themselves the children should try to maintain good posture.

Birthday celebrations are the order of the day in a children's hospital. Observance of this particular occasion for each child keeps him from feeling forgotten. It is the kind of thing that his mother would do for him.

Christmas is another big event. Not being an everyday occurrence, it should be prepared for very carefully. The age and tastes of the child should be considered in deciding upon a gift for him, so that he will receive maximum pleasure from it. Christmas scenes painted on the windows of the ward help create a festive atmosphere.

In view of what has been said, it can be seen that hospitalized children can carry on a number of activities, all of them worthwhile, and that there is no lack of resources. If the nurse takes her role in this program seriously and directs activities efficiently, it is unlikely that the children will tire of it.

To be continued next month.

In the Good Old Days

(*The Canadian Nurse* — APRIL, 1920)

A Canadian Flag

It has been proposed that the Federal Government be asked to adopt a distinctive Canadian flag. It is also suggested that an appropriate function be held once a year, preferably on Dominion Day, to receive publicly into Canadian citizenship those who have completed all the conditions of naturalization during the year.

* * *

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Marconi prophesies that in the immediate future, conversations will be carried on between Great Britain and the United States by wireless telephones and that the cost will not be more than twenty-four cents for each minute of speech. Marconi has already spoken to Canada from London. Transoceanic conversations will be carried on through an ordinary telephone, the exchange being connected with the wireless station. Wireless operators have been puzzled by interruptions to their signals, which Marconi says may come from somewhere outside the earth. They have been heard in both England and America. It is suggested that inhabitants of the planet Mars may be trying to communicate with the earth. Professor Pickering stated recently that he sees signs of life on the moon, and Professor Soddy, a chemist and physicist, declares that the moon cannot possibly be dead. The signals may have originated there, as the moon is much nearer the earth than Mars. So far the signals are shrouded in mystery.

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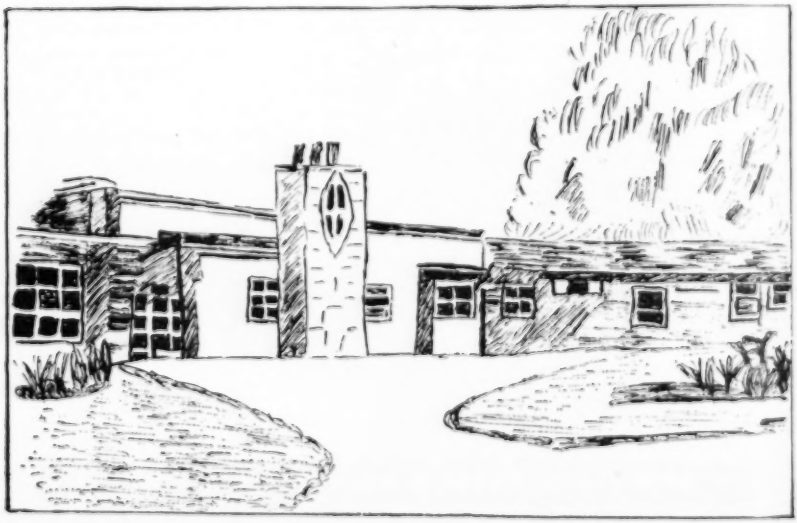
Two conferences for nurses have been scheduled at Five Oaks for May 6-8 and November 4-6, 1960. Further information may be obtained from Rev. Beverly Oaten, Five Oaks Christian Workers Center, Paris, Ont.

JUST A SHORT DRIVE from Paris, Ontario and crowning a hill-top that overlooks the beautiful Grand River valley is Five Oaks Christian Workers Center — the center for the five conferences of the United Church of Canada in Ontario and Quebec. The modern, split-level, ranch-style main lodge — The House of the Interpreter — looks out over several acres of quiet, wooded countryside with the Grand River flowing peacefully on one side and Whiteman's Creek tumbling down in a miniature waterfall to meet it at the border of the grounds. Tucked beneath the brow of the hill are additional cabins for summertime use, tennis courts, baseball diamonds, nature trails. When operating at full, warm weather capacity, the Center can accommodate 135 overnight guests.

Five Oaks is attached to the work of the Board of Christian Education of the United Church of Canada. Its purpose — a simple but very basic one — is to help people to live their religion more effectively in their churches, in their homes and in their daily lives. Although related to a specific religious denomination, the first-time visitor to the Center soon becomes aware of the fact that no special emphasis is placed upon individual denominational connections. Persons of all faiths are welcome to attend conferences and do attend with the full consent of their clergy although they may not be of the Protestant or even of the Christian faith. As desired, the staff of the Center arranges to have visitors of other faiths attend religious services in churches of their choice. It is this broad-minded viewpoint — a reflection of the philosophy of its director, Rev. Beverly Oaten, and of his staff — that is making the work of the Center so effective.

A quick glance at a conference bulletin gives some idea of the scope of the program carried out. During 1960 conferences have been scheduled for teachers, nurses, dentists, rural resi-



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dents and civil servants. In addition, there are family weeks, courses for church school personnel, teenagers, etc. These courses vary in length from two days to one month. A service presently offered under the direction of experienced professional personnel is vocational guidance. Individuals 18 years of age and over who feel the need for direction in choosing a vocation, can have expert assistance at a very nominal fee. Special conferences designed to give advice, assistance and understanding on widely different topics are offered — for example, family life, international affairs. While "retreats" are an intimate part of the Roman Catholic faith, they are still a bit of a novelty to Protestant denominations. The Center offers several opportunities for retreats throughout the year — a chance to examine religious beliefs, to deepen or strengthen faith under guidance. The peaceful rural setting was chosen and is being carefully guarded against urbanization to ensure the serenity of environment in keeping with these periods of thought and study.

How does the work of Five Oaks contribute to our lives as nurses? A brief resumé of a conference held late in 1959 may be the most effective answer. The topic was a familiar and pertinent one — the care of the whole patient. How was it handled? An experienced industrial psychologist, Kenneth Cox, discussed the close interrelationship between the mind and the body. Ted Leighfield, staff associate at Five Oaks, drew upon his experience in the field of human relations to indicate the factors that promote, hinder or color communications between individuals. He stressed one factor in particular — the need to *listen* to what others are saying, to reflect and to arrive at a real understanding of what has been said. So often conflicts arise through misunderstanding or misinterpretation. A doctor of philosophy, Dr. P. Devadutt, professor of ecumenical theology at Colgate-Rochester Seminary in Rochester, N.Y., discussed the tremendous worth of human personality and its fragility. On the one hand, man can split the atom, die heroically on the battlefield, even bend nature to his will; and, on the other hand, he may become completely disorganized by a small accident. In our modern society we tend to lose sight of the individual, relationships become impersonal and that part of our nature that thrives upon warm relationships starves. The individual becomes "a cog in the wheel" — a situation that was never meant to be.

A concern of nursing education is to foster appreciation of the individual as a person. The entire conference stressed this theme.

Since the chief purpose of the Center is to promote more effective Christian living, Bible study under experienced direction and worship periods are an integral part of any conference. This provides an opportunity, as well, for discussion of problems arising in the practical application of Christianity. How should the trouble-maker on the nursing staff be dealt with? How concerned should professional, service-centred people be about money-making? Are we becoming too materialistic?

The program was carefully planned but very flexible. A steering committee chosen from the conference members advised the director at frequent intervals as to group progress. Speakers returned to the Center for further discussion or stayed on, if from a distance, at the request of the delegates. Every possible effort was put forth to ensure that the needs of the group were met. This policy of avoiding strict adherence to a program is observed at all conferences and guest speakers are always advised of it in advance.

The Center possesses a relatively small staff. The guests are organized into work parties to assist at meal times in particular and are encouraged to lend a helping hand with any special projects that are in progress. As a result the conferences at Five Oaks have another, and perhaps unplanned, effect. They provide good practical experience in cooperative effort and human relationships. As guests work together setting tables, serving, washing and drying dishes, reserve melts away and new friendships quickly form. Nor is the recreational side of things forgotten. Depending on the interests of the group, social activities may vary from dancing to a singsong around the huge stone fireplace in the lovely Upper Room.

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Presenile Dementia

JOHN GIBSON, M.B., CH.B., D.P.M.

Increasing longevity is focusing attention upon the conditions caused by the degenerative changes in the body. In this article, some of the diseases producing mental deterioration are reviewed.

THE TERM presenile dementia is used to describe certain degenerative diseases of the brain occurring in middle age, for the most part, and producing dementia. The most important are Alzheimer's disease, Pick's disease (not to be confused with the other Pick's disease, which is characterized by an enlarged liver and excessive amounts of fluid in the pericardial and peritoneal cavities), Jacob-Creutzfeldt's disease and Huntington's chorea. A number of other diseases have been described, but they are too rare to merit description here. The term "presenile" covers the period from 40 to 65 years, but presenile dementias have occurred in older and much younger patients. Huntington's chorea is an inherited disease; hereditary factors play a part in Alzheimer's disease and Pick's disease, but otherwise the causes of these conditions are unknown. All are incurable and progress remorselessly to a fatal termination.

Cerebral tumor, extradural hematoma, neurosyphilis, myxedema and chronic alcoholism may at one stage present a very similar picture to that of a presenile dementia. Appropriate investigation, including cerebrospinal fluid examination, air encephalography and studies of thyroid function, should be undertaken before a definite diagnosis of presenile dementia is made.

Dr. Gibson is a psychiatrist at St. Lawrence's Hospital, Caterham, Surrey, England. This is the seventh of a series of articles on psychiatric subjects.

Alzheimer's Disease

In this condition the brain becomes atrophied, especially the cortex, which becomes much shrunken, but there are none of the limited local atrophic areas characteristic of Pick's disease. On microscopic examination of the brain two quite distinctive features are seen: (a) irregular silver-staining "plaques" of uncertain origin, and (b) an irregular thickening of the neurofibrils in many of the cortical cells. With the development of the disease the cells of the cortex disappear. The shrinking of the cortex and an enlargement of the ventricles is usually demonstrable in air studies of the brain.

The symptoms of the disease are those of dementia. Impairment of memory is usually the first. The patient forgets what he is going to do, what he has just done. He forgets where he has put things; he forgets appointments; he goes out shopping and forgets what he has gone for. He becomes careless and does not wash, brush his hair, or dress tidily. He ceases to work efficiently and shows lack of initiative. He fails to grasp problems previously well within his capabilities. His judgment becomes faulty; he makes foolish decisions and cannot appreciate his folly. He shows a tendency to futile repetition of action. That something is wrong may be apparent to his family, but hardly ever to himself. He may become euphoric, depressed or perplexed. Paranoid ideas may occur, but rarely hallucinations.

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As the disease progresses he shows aphasia. He is unable to express himself clearly in spoken or written speech. He fumbles for words. He cannot understand what he hears or tries to read. Speech is disjointed; words are senselessly repeated; nonsense words and phrases are uttered. He develops muscular weakness and spasticity. As a result he walks stiffly, cannot balance accurately, and may fall. Epileptic attacks may occur. A profound dementia is produced and death occurs within a few years of the onset.

No treatment is of any avail to stop the march of the dementia. The patient should be looked after at home for as long as possible and then admitted to a mental hospital. There, treatment is directed towards maintaining nutrition, providing simple employment for as long as possible, allaying excitement by sedatives, and in the later stages preventing bedsores.

Pick's Disease

In many ways this is similar to Alzheimer's disease. It is an incurable dementia beginning within the same age period, showing very much the same kinds of symptoms, and having an equally hopeless prognosis. It differs in: (a) not showing plaques and neurofibrillary changes in the brain; (b) showing localized "punched out" areas of cortical atrophy demonstrable by air encephalography; and (c) having a more definitely established hereditary basis. Clinically the disease shows itself in intellectual failure, emotional and speech disturbance, and proceeds to profound dementia and death. Treatment is as for Alzheimer's disease.

Jacob-Creutzfeldt's disease

This is much more rare than the other two forms just described. It is characterized pathologically by a much wider spread of degeneration in the brain. The thalamus, the basal ganglia and the cerebellum are involved as well as the cortex. In consequence, the patient shows both gross dementia and evidence of pyramidal and extrapyramidal involvement in the form of spasticity, ataxia, choreoathetosis and Parkinsonism. The disease runs a much more rapid course than the other dementias and is fatal within six months

Huntington's chorea

This is a familial disease characterized by the development of generalized choreiform movements and dementia. Its usual age of onset being between 30 and 50 years, it can be included among the presenile dementias. It is an inherited disease, transmitted by a single dominant gene and therefore inherited by half the children of an infected person. Both sexes are equally affected. The brain shows gross wasting involving both the cortex and the subcortical structures, and a chronic meningitis.

Although the disease does not usually develop before the age of 30, it has been known to occur much earlier. Mental disturbances may precede the onset of dementia, and a tendency to suicide is common. Mental symptoms usually precede the appearance of neurological signs and symptoms. Early symptoms are: bad temper, irritability, slovenliness of dress, hoarding of rubbish, carelessness and disregard of social conventions. Memory is, rather surprisingly, retained for a long time. In the end a profound dementia is produced.

The choreiform movements begin in the face, limbs or trunk and may affect one side before the other. In time they involve the whole voluntary musculature. Movements may be jerky and abrupt or more athetoid than choreic. Voluntary movement is interrupted and disorganized. Speech becomes increasingly difficult. When walking becomes impossible the patient becomes chair- or bed-ridden. The final picture is one of complete dementia, complete physical helplessness, and gross irregular movements that throw the patient about. The duration of the illness is from 10 to 15 years. Treatment is as for the other dementias. Because of the irregular movements, which are likely to rub off pieces of skin, the prevention of bedsores is of particular importance.

Every joy is gain and gain is gain, however small. — Robert Browning

Clinical Communication from a pediatrician re:

Efficacy and safety of
Baby's Own Tablets in relief of

teething pattern

(fretfulness, drooling, constipation, etc.)

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I would like to emphasize, as a result of my previous experience with Baby's Own Tablets, as well as with these most recent 68 cases that, in the dosage prescribed, the tablet is completely non-toxic, that it is effective in establishing a normal stool pattern, that it effectively reduces the fretfulness and crankiness of the baby and that I should not hesitate to prescribe it for the complaint of "teething".

(Signed) K.S., M.D., New York, N.Y.

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In Memoriam

Nora Armstrong, a graduate of Dunedin Hospital, New Zealand in 1906, died in Regina, Sask. on January 12, 1960. In 1945 she was made an honorary member of the Saskatchewan Registered Nurses' Association.

* * *

Margaret Jean (McDougall) Chadwick who graduated from Union Hospital, Moose Jaw, Sask. in 1930 died in that city on January 21, 1960. She was actively engaged in nursing until January, 1959.

* * *

Janet (McVicar) Clare, a graduate of Victoria Hospital, London, Ont. in 1907, died during 1959.

* * *

Bertha Condran, a graduate of Long Island College Hospital, Brooklyn, U.S.A. died recently in North Woodside, N.S. She was employed for some time as an instructor at the Nova Scotia Hospital, Dartmouth.

* * *

Emma Cooper who graduated from the Royal Victoria Hospital, Montreal in 1896, died in England in December, 1959.

* * *

Lydia R. L. (Newell) Erickson, a graduate of the Victoria Union Hospital, Prince Albert, Sask. in 1941 died on November 16, 1959.

* * *

Sarah Isabel Holden, a graduate of Long Island School of Nursing, New York in 1912, died on February 9, 1960. At the outbreak of World War I, she joined the RCAMC and served in Salonika, Greece for most of her time overseas. For heroic service during this period she was invested with the Royal Red Cross by His Majesty, King George V. For the past seven years she has been a patient at the Ste Anne's Military Hospital, Ste Anne de Bellevue, P.Q. Miss Holden was 85 years of age.

* * *

Mary Victoria (Johnston) Hyndman who graduated from Victoria Hospital, London, Ont. in 1910 died during 1959.

* * *

Edith Gertrude Joynt, a graduate of Victoria Hospital, London in 1922, died during 1959.

* * *

Mary Anastasia (Mae) King, a member of the first graduating class of Charlottetown Hospital, P.E.I. died on February 7, 1960. She was in charge of the maternity division of that hospital 1918-45. Miss King was the first president of her alumnae association and a former president of the Association of Nurses of Prince Edward Island.

* * *

Jean (Ross) Lennox, a graduate of Sarnia General Hospital, Ont. in 1936, died in October, 1959.

* * *

Georgia L. MacFarlane who graduated from Prince County Hospital, Summerside, P.E.I. in 1925 died on February 4, 1960. During her professional life she was engaged in institutional and private nursing.

* * *

Nancy Gladys Mould, a graduate of Royal Inland Hospital, Kamloops in 1942 died on January 5, 1960. She was on the staff of the University Hospital, Saskatoon, Sask. at the time of her death.

* * *

Elsie B. Pomeroy, a member of the first graduating class of the Royal Victoria Hospital, Montreal in 1896 died on December 24, 1959.

* * *

Mrs. Alice Josephine Radford who graduated from Halifax Infirmary, N.S. in 1955 died during September 1959.

* * *

Nelly (Walters) Ringrose, a graduate of Victoria Hospital, London, Ont. in 1923, died on January 2, 1960. She was actively engaged in nursing up to the time of her death.

* * *

Audrey (Charters) Russell who graduated from Victoria Public Hospital, Fredericton, N.B. died on January 8, 1960 after a long illness.

* * *

Eleanor Hope Shackleton, a graduate from Guy's Hospital, London, England died in Victoria, B.C. on January 16, 1960. During World War I she served with the British Expeditionary Force in Egypt, Salonika and Gallipoli. She was a nursing sister of the Queen Alexandra Imperial Nursing Service. After coming to Victoria in 1944 she engaged in institutional and private nursing at the Royal Jubilee Hospital. She was 80 years old.

Things do not change; we change.

— THOREAU

Book Reviews

The Art, Science and Spirit of Nursing by Alice L. Price, R.N., M.A. 864 pages. W. B. Saunders Company, West Washington Square, Philadelphia. 2nd ed. 1959. Price $5.50.

Reviewed by Miss M. Kullberg, Instructor, Children's Hospital, Winnipeg.

On first looking over this book, one would receive the impression that it would tend to "spoon feed" the students, that they would have no work to do. On closer examination you note that the outline with the material given helps the students to make their own notes.

The presentation is refreshing with the cartoons at the beginning of each chapter and excellent illustrations throughout. Even if the student does not read the book, at least she will derive some benefit from the illustrations.

Of course no text is perfect and so it is with this one. There are a few items that are not applicable to the Canadian situation, for example, the regulations set up by the Harrison Narcotic Law which relates to the American situation. Some of the diagnostic tests described might confuse the student in trying to decide which method is correct. This is also true of the chapter on surgical dressings. The feeling is that the method used is slightly antiquated — the use of the dressing cart or carriage. At the present time when more and more is being discovered about microorganisms, the use of the dressing cart has been abolished in some hospitals due to the greater possibility of contamination. Students try to find "short-cuts" wherever and whenever possible, and letting them view a technique such as this, is not good. The earlier chapter on surgical asepsis was very well explained. Surgical asepsis is one of the most difficult techniques from the point of view of student understanding. It is presented in such a way that students can easily comprehend principles.

Miss Price has incorporated related information from microbiology, anatomy and physiology, sociology, etc. into each chapter. This shows the students that nursing arts is not an isolated course but one that encompasses all others.

Last but not least, this is a text for the preclinical students especially, one that they *will* read and enjoy reading. It never goes

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above their level of learning without adequate explanation. At this stage in their nursing career they require such a book — one that eases them gradually into the nursing field.

Function of the Human Body by Arthur C. Guyton, M.D. 584 pages. W. B. Saunders Company, West Washington Square, Philadelphia, Pa. 1959. Price $7.50.

Reviewed by Sister Marie Monica, Charlottetown Hospital, Charlottetown, P.E.I.

This text is designed to present the intricate logic of the function of the body and the principles of homeostasis in a manner which can be readily understood by the student. This objective is admirably achieved in a relatively simple and concise manner.

The text begins with an introduction to human physiology and the organization of the human body. This is followed by a discussion of the cell and cellular environment. The following chapters are concerned with the physiology of the various systems. Although at times physiology tends to be rather complicated to our minds, this author makes a marvellous presentation of the subject matter that should be easily comprehended by the student. The numerous diagrams included in each chapter add greatly to the clarity.

More detail is presented than is necessary for the student to acquire. However, for the instructor this text should be of invaluable assistance in her preparation for teaching. The author is to be commended for his presentation of a text so well suited to meet the needs of both instructor and student. It contains a complete and scientifically accurate survey of the broad field of physiology.

Swire's Handbook for the Assistant Nurse. Edited and revised by Ruby T. Farnol, S.R.N., S.C.M., D.N. (London). 339 pages. The Macmillan Company of Canada Limited, 70 Bond St., Toronto. 4th ed. 1959. Price $2.75.

Reviewed by Miss Louise Brodie, Dept. of Health & Public Welfare, 320 Sherbrook St., Winnipeg 2.

This text was first published in 1949 to meet the needs of the assistant nurse who was then just beginning to take her place in the nursing profession. The author states that the text contains just the amount of knowledge that the assistant nurse is required to have, but it would seem that such is not the case.

In the first section dealing with anatomy

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and physiology, the skeletal system is discussed in considerable detail, including the names of all the bones (even those in the skull) and their various parts, processes and depressions while the other systems are dealt with in much less detail. In the second section "Personal and Communal Health," the only aspect of community health dealt with is that of sanitation. Here one finds considerable detail in regard to the proper type of equipment required for plumbing, heating and lighting, which it would seem is not in the assistant nurses' field.

Several nursing procedures such as hypodermic injections, intramuscular injections, catheterization, insertion of a pessary, are described in detail and yet it is noted that these procedures are carried out by the graduate nurse. One statement that seems erroneous, is that for a baby bath "the temperature of the water should be about 100°F., but as the child grows, this may be reduced to 85°F." Maybe English babies are of hardier stock than Canadian babies, but I would certainly hesitate to give a bath in water below body temperature, especially when one takes the trouble to warm the clothing!

* * *

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— HORACE

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• Room, Board and Laundry in residence at reasonable rates. Statutory holidays. Three week's annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.

• Special pay and leave allowances for those posted to isolated areas.

For interesting challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

(1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.

(2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.

(3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.

(4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.

(5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.

(6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.

(7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec, 4, P.Q.

(or) Chief, Personnel Division,

Department of National Health and Welfare, Ottawa, Ontario.

Registered Nurses for General Duty in modern 18-bed. Private Hospital in iron mining town. 180-mi. north of Sault Ste Marie, Ontario. Excellent accommodation & personnel policies. Starting salary $268 minimum to $303 maximum for experience, less $20 per mo. maintenance. Transportation allowance after 6-mo. service. **Operating Room Nurse,** starting salary $288 minimum with postgraduate course, $323 maximum with 3-yr. experience or more. Apply: Superintendent, Miss O. Keswick, Lady Dunn Hospital, Wawa, Ontario.

Registered Nurses for general duty nursing in all departments of hospital. Apply: Director of Nursing, General Hospital, Belleville, Ontario.

Registered Nurses for General Duty in all departments including premature & newborn nursery, Isolation, Emergency & Recovery Room. Good salary & personnel policies. Apply, Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000. **Salary: $270 per mo.** with annual merit increments, **plus annual bonus plan,** 40-hr. wk. Recognition for experience. Good personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, **Sudbury,** Ontario.

Registered Nurses or Graduate Nurses for General Duty in modern 100-bed hospital. Basic salary $250 for R.N. 40-hr. wk., good personnel policies. Apply: Superintendent of Nurses, Smiths Falls Public Hospital, Smiths Falls, Ontario.

Registered General Duty Nurses for modern hospital, building expansion under way increasing to 100-beds this year. Starting salary $250 per mo., $215 for Graduates. 40-hr. wk., group life, accident & sickness insurance free to employees. Opportunities for advancement, pleasant community. Apply: Director of Nursing, Leamington District Memorial Hospital, Leamington, Ontario.

Registered General Duty Nurses (Immediately) for 29-bed hospital. Salary: $265 per mo. with increments up to $295. 4-wk. vacation with pay after 1-yr. service. 8 statutory holidays. Nicely furnished nurses' residence. Apply: Superintendent, Bingham Memorial Hospital, Matheson, Ontario.

Registered Staff Nurses for all departments (including Operating-Room); 5-day wk; 8 statutory holidays; 3-wk. vacation annually; starting salary $270 per mo., 3 annual increments; rotating hours of duty. For further information apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto, Ontario.

General Duty Registered Nurses for 74-bed General Hospital, starting salary for nurses currently registered in Ontario $275 per mo. Full maintenance $50 per mo. Apply to: Superintendent, General Hospital, Kenora, Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: $250-$260. Good personnel policies with sick leave benefits, holidays & paid vacations. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses for 50-bed hospital. Salary $270, 5-day wk., summer & winter sports area. Apply: Director of Nursing, Huntsville District Memorial Hospital, Huntsville, Ontario.

General Duty Nurses for 100-bed hospital, up-to-date facilities in a beautiful location on the shore of Lake Erie. Salary $267 per mo. with recognition for P.G. courses. 40-hr. wk. effective January 1, 1960. Residence available. Apply: Director of Nursing, General Hospital, Port Colborne, Ontario.

General Duty Nurses Male & Female & Certified Nursing Assistants (Immediately) for 86-bed hospital, 40-hr. wk., 8 statutory holidays & other employee benefits. Collingwood is situated on Georgian Bay & is noted as a vacationland with 7-mi. sand beach along with great skiing on the Blue Mountains in winter. For further information apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses for modern 42-bed hospital. Starting salary: new graduates, $275; 1 or more year's experience, $285. Annual increments; shift differential bonus; Ontario registration necessary for maximum salaries. 40-hr. wk. Residence accommodation available. Apply to: Nursing Supervisor, General Hospital, P.O. Box 909, Sioux Lookout, Ont.

General Duty Nurses for 100-bed modern hospital, south-western Ontario, 32-mi. from London. Salary commensurate with experience & ability; basic: $265, max.: $295. Residence accommodation available. Pension plan. Apply giving full particulars to: The Director of Nurses, District Memorial Hospital, Tillsonburg, Ontario.

McKellar General Hospital, Fort William, Ontario has openings in all departments for **General Staff Nurses.** Basic salary $270 per mo., 40-hr. wk. Good personnel policies for other benefits. Residence accommodation available. Apply to: The Director of Nursing.

Operating Room Nurses for general operating room work which includes cardiovascular, neurosurgery, genito-urinary, Ear, Eye, Nose & Throat & orthopedic surgery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

TORONTO GENERAL HOSPITAL

requires

NURSING STAFF

Variety of Opportunities, Valuable Experience in this large teaching centre. Attractive Personnel Policies. Five Day Week.

The Toronto General Hospital has opened its new building which contains centralized Operating Rooms; Recovery Rooms; Surgical Supply Service; Obstetrics and Gynecology; Neurology and Neurosurgery; Admitting and Emergency; Rehabilitation and Physical Medicine; Urology and Ophthalmology.

For information write to:

Director of Nursing, Toronto General Hospital, Toronto 2, Ontario.

THE SARNIA GENERAL HOSPITAL

OFFERS EXCELLENT OPPORTUNITIES FOR

REGISTERED NURSES

AND

CERTIFIED NURSING ASSISTANTS

The hospital is modern, fully approved (J.C.A.H.) with plans for an expansion program to be completed over the next five years.

Sarnia is a rapidly growing city located midway on the seaway, 60 miles north of Detroit and Windsor and 60 miles west of London. It is a summer resort area noted for swimming and boating as well as being located a reasonable distance from the skiing resorts in Northern Michigan.

Excellent benefits include a 40 hour week, regular rotation of shifts with premium pay for evenings and nights.

Salary Schedule:

for Registered Nurses — $255 per month to $313 per month.
for Certified Nursing Assistants — $175 per month to $209 per month.

Apply to:

PERSONNEL DIRECTOR, SARNIA GENERAL HOSPITAL, SARNIA, ONTARIO.

QUEBEC

Assistant Head Nurses: Afternoon Supervisor excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

Registered Nurses for modern 60-bed General Hospital, 40-mi. south of Montreal. Salary $260 per mo. in effect by February 1960, 5 semi-annual increases; monthly bonus for permanent evening & night shifts, 44-hr. wk., 4-wk. vacation. Board & accommodation available in new motel-style nurses' residence. Apply: Superintendent, Barrie Memorial Hospital, Ormstown, Quebec.

Registered General Duty Nurses for 28-bed General Hospital, 45-mi. from centre of Montreal with excellent bus service. Gross salary $250 with full maintenance in nurses' home at $35; 3 increases at 6-mo. intervals to $265; 44-hr. wk., 8-hr. rotating shifts; 1-mo. annual vacation; 7 statutory holidays; 2-wk. sick leave, Blue Cross paid. Apply: Mrs. D. Hawley, R.N., County Hospital, Huntingdon, Quebec.

BERMUDA

Registered Nurses. Excellent opportunities in **Private Nursing** are available in Bermuda. Rates similar to those in effect in Province of Quebec. For information regarding openings write to Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for General Duty Staff. Salary commences at £46-0-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for Operating Room with operating room postgraduate course and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

SASKATCHEWAN

Head Nurse for Operating Room in a modern 80-bed hospital. Basic salary $310 with recognition for P.G. courses, university training & for previous experience. 40-hr. wk., good personnel policies, residence available. Apply: Director of Nurses, Weyburn Union Hospital, Weyburn, Saskatchewan.

Registered Nurses for Fort Qu'Appelle Sanatorium. Initial salary: $280 per mo. with semi-annual increments. Recognition for experience. 40-hr. wk., 4-wk. paid annual vacation, 10 statutory days. Sick benefits & superannuation plans in effect. Room, board & laundry $37.50 per mo. Apply: Superintendent of Nurses, Fort San, Saskatchewan.

Registered Nurses for new 18-bed hospital with new nurses' residence opening May 1960. We have 4 Doctors on our Medical Staff also Canadian Mental Health Services & Canadian Arthritis & Rheumatism Services. 30 days annual vacation, this includes statutory holidays. Starting salary $260 per mo. which shall be increased in January 1960. Apply: John Uhryn, Administrator, Union Hospital, Davidson, Saskatchewan.

General Duty Nurses, combined Lab. - X-Ray Technician. Salary according to S.H.A. salary schedule & S.S.C.L.X.T. schedule. Apply to: The Matron, Bengough Union Hospital, Bengough, Saskatchewan.

U.S.A.

Registered Nurses for modern 374-bed JCAH fully accredited General Hospital. Located on beautiful San Francisco Peninsula, 20-min. drive from the heart of the city. Openings in all services. Excellent personnel policies. Many extra benefits & opportunities for advancement. Top salaries. Apply: Personnel Director, Peninsula Hospital, 1783 El Camino Real, Burlingame, California.

Registered Nurses, (eligible for California registration) for new 254-bed JCAH approved district hospital, San Francisco Bay area. Positions available in surgery, Gyn., O.B., pediatrics & medicine. **Staff Nurses** entrance salary $345 with range to $385 per mo. Supervisory positions at increased rate. Special area & evening differential paid. Free Blue Cross hospitalization & surgical coverage with liberal personnel policies & fringe benefits. Uniforms laundered free. Excellent modern housing, schools & colleges. Apply: Director of Nursing, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Staff Nurses for 200-bed General Hospital; heart of Los Angeles cultural & educational center. **General Duty:** $335 per mo. minimum-days. $25 dif. for 3-11 & $20 dif. for 11-7. Time & ½ over 40-hr. wk. Soc. Sec., State Dis. Ins. 2-wk. vacation end of 1-yr. 3-wk. after 5-yr. 7 paid holidays 12 day sick leave. Cotton uniforms laundered. Nurses' residence $10 per mo. Graduates of accredited schools. California license obtainable immediately. Promotions made from staff whenever feasible. Apply: Mildred Croddy, R.N., Director of Nurses, Santa Fe Coast Lines Hospital, 610 South, St. Louis Street, Los Angeles 23, California.

Registered Nurse for 20-bed General Hospital located near San Francisco. Salary: $320-$335 per mo. 40-hr., 5-day wk., rotating shifts. Vacation with pay. Meals & room at hospital reasonable. Apply: Administrator, P.O. Box B., Gustine, California.

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Salary $330 plus $22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California.

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity, liberal personnel policies. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2, California.

THE WINNIPEG GENERAL HOSPITAL

is Recruiting General Duty Nurses for all Services

SEND APPLICATIONS DIRECTLY TO:

THE PERSONNEL DIRECTOR, WINNIPEG GENERAL HOSPITAL
WINNIPEG 3, MANITOBA

HOSPITAL COUNSELLOR (Nursing)

REQUIRED BY

SASK. DEPT. OF PUBLIC HEALTH

SALARY: **$364 - $443 per month**

REQUIREMENTS: Reg. N., preferably supplemented by courses in nursing administration and considerable experience in the supervision of nursing services, preferably in a public general hospital. Although headquarters for this position is Regina, the successful applicant will be required to travel throughout the province and will spend approximately 50 per cent of her time away from headquarters. (The appointee will review such aspects of nursing services as qualifications of personnel, methods and procedures, quality of services being provided and will provide consultant service to hospital authorities as required.)

BENEFITS: Three weeks holidays, three weeks accumulative sick leave allowance annually with pay, excellent pension and group life insurance plans and other benefits.

APPLICATIONS: Forms and further information available at Public Service Commission, Legislative Bldg., Regina, Sask. Applicants should refer to File No. c/c 6200. This competition closes as soon as a qualified applicant is obtained.

Attention! General Duty Nurses 400-bed County Hospital located 2 hr. drive from San Francisco, ocean beaches & mountain resorts in modern & progressive city of 35,000. 40-hr. 5-day wk., 3-wk. pd. vacation, 11-pd. holidays, pd. sick leave, retirement plan & social security. Accommodations in nurses' home, meals at reasonable rates, uniforms laundered without charge. Starting salary $341 per mo. plus shift & service differentials. Must be eligible for California Registration. Write Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to: Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

General Staff Nurses (Grow & develop with us) new 400-bed hospital under construction. Fully approved. Intern-resident program. Developing teaching center. Starting salary $330 per mo., $15 per mo. merit increases at 6, 12, 24 & 36-mo. 40-hr. wk., 2-wk. paid vacation, paid sick leave to 30 days; 7 paid holidays. One of Southern California's most outstanding locations. Apply: Director of Personnel, Seaside Memorial Hospital, 1401 Chestnut Avenue, Long Beach 13, California.

General Duty Nurses for 50-bed General Hospital located in college town in mountainous portion of Colorado. Salary $300 per mo. with periodic increases. Fringe benefits include meals, uniform laundry, sick leave & vacation. Registration requires 3-mo. training in Psychiatry & Pediatrics on a segregated service. Contact: Superintendent, Community Hospital, Alamosa, Colorado.

Operating Room Supervisor for 230-bed progressive J C A H General Hospital in rapidly growing town of 40,000. Salary $4,700 - $6,000 pending professional background. 40-hr. wk., week-ends free; liberal policies. Fully accredited N L N school of nursing of 50 students; faculty status B.S., desired and/or postgraduate study required. Located 65-mi. from New York city in foot hills of Berkshires. Write: Mrs. Elsa L. Brown, Assistant administrator, Nursing, Danbury Hospital, Danbury, Connecticut.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: $365 for days, $395 for evenings, $385 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

General Duty Nurses for 320-bed General Hospital. Only a few blocks from Lake Michigan Beach & Lincoln Park; near Chicago Loop. Hospital accredited by J.C.A.H. & school of nursing accredited by N.L.N. Apartments available close to hospital. Liberal personnel policies. Must be eligible for Ill. registration; openings on all shifts. Write: Director of Nursing, Augustana Hospital, 411 W. Dickens Ave., Chicago 14, Illinois.

Operating Room Nurses (Days & P.M.) 154-bed General Hospital located in beautiful residential suburb along the north shore of Lake Michigan just north of Chicago. Modern ranch style nurses' homes with attractively furnished private bedrooms. 40-hr. wk. Salary: $390 days, $420 evenings, other employee benefits. Contact: Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

Graduate Staff Nurses (Opportunities in the United States) for well equipped 400-bed, non-sectarian General Hospital affiliated with Medical School. New salary rates $370-$400 days & $400-$430 afternoons & nights per mo., 40-hr. wk., comfortable, low cost living accommodation in attractive residence building. Write to: Director of Nursing Service, Dept. C.J.N., Mount Sinai Medical Center, 2750 West 15th, Place, Chicago 8, Illinois.

Nurses in obstetrics, pediatrics, medicine & surgical nursing. We invite inquiries from all Canadian Nurses considering employment in the United States. For full particulars, write: Director of Nursing Service, Indiana University Medical Center, 1100 West Michigan Street, Indianapolis 7, Indiana.

Registered Nurses (free transportation) Spend your winter in the Sunny Southwest, in New Mexico — "The Land of Enchantment". Vacancies for staff duty in Medicine Surgery, Obstetrics, Pediatrics & Operating Room. Starting salaries $300 per mo., $15 differential evenings & nights. Free transportation via 1st Class Air to Albuquerque & return in exchange for 1-yr. employment contract. Apartment available at $17 per mo., excellent job benefits, no shift rotation. Write or call: Director of Nursing, Presbyterian Hospital Center, 1012 Gold Avenue, S.E., Albuquerque, New Mexico, Phone CHapel 3-5611.

General Staff & Operating Room Nurses for 88-bed modern JCAH General Hospital. Starting salary $300; $20 differential evening & night; $40 O.R. call, 40-hr. wk. Liberal personnel policies. College town 30,000; 85% sunshine belt, dry mild all year climate. Apply: Director of Nurses, Memorial General Hospital, Las Cruces, New Mexico.

Graduate Nurses for 450-bed non-sectarian acute General Hospital with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Opening of new main building has created attractive positions for Staff Nurses in medical, surgical, obstetric & pediatric divisions. Apartments available in immediate neighborhood. Apply: Miss Louise Harrison, Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th. Street, Cleveland 6, Ohio.

TEAM NURSING IN THESE HOSPITALS!

Head Nurses • Assistant Head Nurses • Team Leaders

Qualified by professional training and personality to provide administrative guidance and high quality bedside care.

Salaries at the rate of $6,420 - $5,340 - $4,860 per year depending on experience and training. Annual increases. 40 hour week. Shift differential where applicable. 4 weeks vacation. 7 paid holidays. Laundry of uniforms. Social security plus non-contributory retirement plan.

General Duty Nurses at the rate of $4,440 per year.

Write to:

MINERS MEMORIAL HOSPITAL ASSOCIATION
BOX 61, WILLIAMSON, WEST VIRGINIA, U.S.A.

REGISTERED NURSES

***SEQUOIA Hospital* in Redwood City, California, U.S.A. has openings for general duty, supervisory and head nurses.**

This is a 350-bed district hospital located on the Peninsula twenty-five miles south of San Francisco.

SALARY (REGISTERED NURSES:) To start *$360* per month with *$10* increases every six months to a maximum of *$400*. *$15* differential for 3-11 shift. *$10* differential for 11-7 and operating and delivery room services.

VACATIONS: After 1 year - 10 days (2 weeks)
After 2 years - 15 days (3 weeks)
After 3 years - 20 days (4 weeks)

Pension Plan (paid by employer) — Group Insurance

Credit Union Social Security

Affidavits of employment will be furnished to qualified applicants.

For further information, write *PERSONNEL OFFICE,*

Sequoia Hospital, Redwood City, California, U.S.A.

Staff Nurses (Intensive Care Unit) for real bedside nursing. Take advantage of this excellent opportunity to gain experience in the newest media of patient care. You will be trained at full salary to serve in St. Paul Hospital's second Intensive Care Unit. Openings for all shifts, excellent employee benefits. Inquire: Personnel Department, St. Paul Hospital, Dallas, Texas.

Staff Nurses (All Services) for air-conditioned teaching hospital. Base salary — rotation: $292 per mo.; evenings or night: $305 per mo. Good personnel policies. Apply: Director Nursing Service, University of Texas Medical Branch, Galveston, Texas.

Registered Nurses, General Duty & Operating Room (All areas & shifts available) for 165-bed JCAH Hospital, new 50-bed addition to be opened in March. Starting salary $305 General Duty, $320 O.R. 40-hr. wk., 2-3 wk. paid vacation, sick leave, nurses' residence available at reasonable rates. Excellent shift differentials. Apply: Director of Nursing, Memorial Hospital, Cheyenne, Wyoming.

Positions open in all divisions of our nursing service. Transportation to the extent of $150., refunded after 1-yr. continuous service. Help offered in securing California registration. Apply: H. S. Hansen, Personnel Director, Saint Agnes Hospital, 530 W. Floradora Avenue, Fresno, 5, California.

Registered Nurses (Medical-Surgical O.R.) for modern accredited hospital. Generous personnel policies. Apply: Director of Nurses, De Paul Hospital, Cheyenne, Wyoming.

Supervisory or Staff Position; according to your qualifications. (Come to Sunny California). This 500-bed accredited teaching hospital offers unusual opportunities for growth. Excellent starting salary & increment program. Holidays — sick leave — vacations & Group Insurance. We feel sure we will be able to place you, we know you will like being associated with this modern progressive hospital that is located in the heart of the greater Los Angeles metropolitan area. Apply: Queen of Angels Hospital, 2301 Bellevue Avenue, Los Angeles 26, California.

Registered Nurses for 278-bed fully accredited hospital with all services, incl. Starting salary $350-$375 per mo., ICU Retirement Plan, paid insurance, & other fringe benefits. Write: Personnel Director, Washoe Medical Center, Reno, Nevada.

ALBERTA

Instructor, Psychiatric Clinical (to teach affiliating students in 8-wk. program) 1500-bed active treatment hospital conducting an accredited school of nursing. Salary range $4,320 to $5,160 per annum, 40-hr. wk., civil service holiday, sick leave & pension benefits. Residence with board, if desired, $30 per mo. Apply stating qualifications & experience to: Superintendent of Nurses, Provincial Mental Hospital, Department of Public Health, Ponoka, Alberta.

Clinical & Educational Coordinator (1), Medical & Surgical Clinical Instructors. For information please write to: Director of Nurses, School of Nursing, General Hospital, Edmonton, Alberta.

BRITISH COLUMBIA

Clinical Instructor in Surgical Nursing. Degree of diploma required & experience preferable. Salary $355 per mo., credit for past experience. Annual increment, cumulative sick leave, 28-days annual vacation, B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Clinical Instructress (with Degree or Certificate), **Operating Room Nurses** (Postgraduate Training), **General Duty Nurses** for 450-bed hospital, B.C. registration required. Salaries & personnel policies in accordance with R.N.A.B.C. Apply: Director of Nursing Service, St. Joseph's Hospital, Victoria, British Columbia.

Graduate Nurses (2). Salary: $285 per mo. Room, board & laundry: $40 per mo. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Apply: Matron, Slocan Community Hospital, New Denver, British Columbia.

Graduate Nurses for new 63-bed accredited hospital 25-mi. east of Vancouver in Fraser Valley. R.N.A.B.C. contract in effect. Apply: Director of Nursing, Maple Ridge Hospital, Haney, British Columbia.

General Duty Nurses (2) (Required June 1st.) Starting salary $285, personnel policies in accordance with R.N.A.B.C. recommendations. C.U. & C. Health Plan in operation. Room & board in comfortable nurses' residence $40. Situated on the Pacific Coast near several bathing beaches. Apply: Tofino General Hospital, Tofino, V.I., British Columbia.

General Duty Nurses for 40-bed hospital, salary $285 with increments for B.C. registered; $270 if not B.C. registered. Living quarters available. Apply: St. Martin's Hospital, Oliver, British Columbia.

MANITOBA

Matron (Immediately) Starting salary $300 per mo., **Registered Nurse** starting salary $290 per mo. Present hospital being enlarged & renovated & will be operating as a fully modern 15-bed hospital within a few weeks. Living in accommodation. For further information write or wire: Mrs. E. L. Johnson, Chairman, Arborg Memorial Hospital, Arborg, Manitoba.

Registered Nurse for 10-bed hospital. Salary: $280 per mo., less $30 per mo. full maintenance. Increments of $5.00 each 6-mo. Fare paid after 6-mo. employment. 21-day vacation with pay. Health plan benefits available. Apply: Dr. A. Marrack, Snow Lake, Man.

OPERATING ROOM SUPERVISOR

FOR 200-BED HOSPITAL

DUTIES TO INCLUDE ADMINISTRATION OF DEPARTMENT AND TEACHING OF THE STUDENTS DURING THEIR OPERATING ROOM EXPERIENCE.

POSTGRADUATE STUDY REQUIRED.

For details apply to:

DIRECTOR OF NURSING, GENERAL HOSPITAL, CORNWALL, ONTARIO

NURSES — *See the Capital of the United States,* WASHINGTON, D.C.

New, modern, air-conditioned - 300-bed general hospital situated 7 miles from Washington, D.C. Registered Nurses, Supervisors and Certified Nursing Assistants needed. Housing arrangements; good personnel policies under formulation. Salary ranges open.

Registered Nurses, $3,960 - $4,320; Supervisors, $4,840 - $5,400.

Applications being accepted now for positions in early Fall. Assistance will be given to obtain registration in the United States.

Join a new hospital — a challenging opportunity! Write for information:

DIRECTOR OF NURSING, THE FAIRFAX HOSPITAL,
1057 WEST BROAD STREET, FALLS CHURCH, VIRGINIA

RED CROSS OUTPOST HOSPITAL SERVICE
REQUIRES
ONTARIO PROVINCIAL SUPERVISOR

Applications are invited from Registered Nurses with University preparations in Public Health and experienced.

Salaries are in proportion to qualifications.

Pension Plan and other employee benefits.

Apply in writing to:

DIRECTOR, OUTPOST HOSPITAL DEPARTMENT
ONTARIO DIVISION,
THE CANADIAN RED CROSS SOCIETY
460 JARVIS STREET, TORONTO 5, ONTARIO.

NURSING OPPORTUNITIES

Completion of expansion program makes available opportunities for nursing appointments:

Instructors—Two
Preparation of at least one year Nursing Education desirable.

General duty nurses—for Operating Room, also Medical and Surgical Nursing.

Apply: Director of Nursing,
BROCKVILLE GENERAL HOSPITAL, BROCKVILLE, ONTARIO.

SCIENCE INSTRUCTOR

REQUIRED FOR

Approved School of Nursing with new 125-bed Residence & School

Accredited Hospital — 300-beds

on or before August 1st.

Apply: Director of Nursing,
ST. THOMAS-ELGIN GENERAL HOSPITAL, ST. THOMAS, ONTARIO.

NOVA SCOTIA

Registered Nurses for 80-bed hospital, starting salary $220 with annual increments, living accommodation available. Apply: Director of Nursing, Highland View Hospital, Amherst, Nova Scotia.

ONTARIO

Director of Nursing for modern 100-bed non-teaching, General Hospital located in progressive town of 11,000 in beautiful Rideau Lakes region. 1-hr. drive to Capital city. Live in or out, pension plan, no construction problems. Salary open & dependent upon qualifications & experience. References required. Apply giving full particulars to: Administrator, Smiths Falls Public Hospital, Smiths Falls, Ontario.

Registered Nurses & X-Ray Technician (Immediately) Salary; Nurses — $280 per mo. Technician — $275 per mo. Apply: Little Long Lac Hospital, Geraldton, Ontario.

Registered Nurses & Certified Nursing Assistants for a Medical Unit (non-Tuberculous), 5-day wk., 4-wk. annual vacation, pension plan. Residence accommodation available. Apply: Director of Nursing, Niagara Peninsula Sanatorium, St. Catharines, Ontario.

Registered Nurses for General Duty in modern 40-bed hospital in resort town on beautiful Lake Huron. Starting salary $270, 40-hr. wk., 14-days sick leave, 1-mo. vacation after 1 year, board & room $30, modern living quarters. Transportation allowance after 1-year service. Apply: Superintendent, Saugeen Memorial Hospital, Southampton, Ontario.

Public Health Nurses (Kitchener Department of Health, September 1960). For further information write: Miss Olga Friesen, Department of Health, 9 Ahrens Street East, Kitchener, Ontario.

Nurses for Nurses' Technician Team (Intravenous & Intramuscular Therapy, Venepuncture etc.). 40-hr. wk., shift work. Good personnel policies. Apply: Assistant Superintendent, Ottawa Civic Hospital, Ottawa, Ontario.

SASKATCHEWAN

Registered Nurses (2), Practical Nurse (1) for 10-bed hospital situated in south central Saskatchewan 120-mi. south west of Regina. Pop. 600, (60% french & 40% english speaking), 2 churches, convent, public school, skating & curling rinks. Salaries offered: $270-$320 for R.N.'s & $165-$180 for P.N. Write or wire: L. Sylvestre, Secretary, Union Hospital, Willow Bunch, Saskatchewan.

Registered Nurses (2) Certified Nursing Assistants. Salary $280-$310 & $180-$210 respectively. 40-hr. wk., transportation allowance. Applications to: Matron, Gull Lake Union Hospital, Gull Lake, Saskatchewan.

CITY OF OTTAWA PUBLIC SCHOOL BOARD

SUPERVISOR OF NURSES REQUIRED

To supervise staff of 18 nurses, under direction of the School Medical Officer, on the Public School Health Service Staff.

The person selected will serve during the school year only. Initial salary will be commensurate with experience and qualifications, and there are annual increments to a maximum of $6,500. There are in operation a pension plan, a comprehensive group insurance plan, a plan of sick-leave with pay & a cumulative sick-leave & sick leave gratuity plan.

Applicants will be required to hold a degree of B.Sc. N. or equivalent, to have had experience in Public Health Work particularly with children, and to have had experience in training and supervision of other nurses.

Replies stating age, experience and qualifications should be addressed to:—

THE SECRETARY-TREASURER,
CITY OF OTTAWA PUBLIC SCHOOL BOARD,
330 GILMOUR STREET,
OTTAWA 4, ONTARIO.

REGISTERED NURSE INTERNSHIP

NEW YORK UNIVERSITY

Offers to registered nurses who meet admission requirements of the Dept. of Nurse Education, School of Education, a one-year Internship in Oncological Nursing at James Ewing Hospital of the Department of Hospitals, Memorial Center.

Experience in nursing care of the patient with cancer receiving therapy by surgery, radiation and chemotherapy; includes cancer research. Scholarships available. A stipend equivalent to base staff nurse salary, laundry and two meals a day are provided, also, assistance in securing desirable living facilities.

Classes are admitted in the Fall and Spring semesters. Applications for September, 1960 and the 1961 classes are now being accepted.

For further information write to:

NORMA F. OWENS, DIRECTOR INTERNSHIP IN ONCOLOGICAL NURSING, DEPT. OF NURSE EDUCATION, SCHOOL OF EDUCATION, NEW YORK UNIVERSITY, WASHINGTON SQUARE, NEW YORK 3, NEW YORK.

REGISTERED NURSES
AND
CERTIFIED NURSING ASSISTANTS

SUNNYBROOK HOSPITAL, TORONTO
DEER LODGE HOSPITAL, WINNIPEG
QUEEN MARY VETERANS HOSPITAL, MONTREAL
WESTMINSTER HOSPITAL, LONDON
LANCASTER HOSPITAL, SAINT JOHN, N.B.
STE. ANNE DE BELLEVUE VETERANS HOSPITAL, P.Q.

Pension plan; three weeks' paid vacation; three weeks' cumulative sick leave; 5 day week; low cost living in staff residence—for Nurses. Application forms are available at Civil Service Commission Offices, National Employment Offices and main Post Offices.

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MANITOBA — 266 Graham Ave., Winnipeg
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General Duty Nurses (English Speaking) 500-bed General Hospital in sunny Southern California. $330-$375 base plus $33 shift differential upon registration. **Operation & Delivery Room Nurses** $340-$385 upon registration plus $33 shift differential. Employee health & pension plan. Generous holiday & vacation benefits. Nurses' residence. Apply: Director of Nursing, Cedars of Lebanon Hospital, Hollywood 29, California.

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A clinical differential of $10 a month in addition for approved postgraduate course.

4-week vacation per year.

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MONTREAL

requires a

POSTGRADUATE CLINICAL INSTRUCTOR

Operating Room

For further information apply to:

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will have vacancies
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The school of nursing has a program of 2 years correlated theory and practice plus 1 year internship for approximately 300 students

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430-bed General Hospital, JCHA accreditated. All clinical areas. Salary $320. to $400. per month days; $340. to $420. per month evenings and nights; automatic annual increases; credit given for previous experience. 40-hour, 5-day week; paid overtime, holidays, vacation and sick leave. Excellent opportunities for promotion. Active orientation and in-service education program. Living quarters available if desired.

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Write Mrs. Katharine Steele

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Salary range $270 - $305

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Increases: After 6 months, 1 year, 2 years.
Free: Two meals daily — Laundering of uniforms.
Statutory holidays - 2; Paid sick time - 2 weeks (after 1 year)
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Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: $270-$320 per mo. Certified Nursing Assistants $200-$220 per mo. 5 day week. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

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Differential of $10 for evening and night duty.
40-hour week. Sick leave cumulative to 30 days.
3 weeks vacation and eight statutory holidays.

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FOR ALL DEPARTMENTS

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REQUIRES

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OPERATING ROOM STAFF

For further information write:

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Woodstock, Ontario

requires

Registered Nurses
for Operating Room, Obstetrical, Medical and Surgical units.

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Certified Nursing Assistants
required by
TORONTO EAST GENERAL HOSPITAL
MODERN 750-BED HOSPITAL
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REQUIRED FOR
44-bed hospital with expansion program, 40-hr. wk. Situated in the Niagara Peninsula. Transportation assistance.

For salary rates & personnel policies.
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for 82-bed fully accredited General Hospital. Salary $275 - $315, 40-hour week, no split shifts. Living accommodation in modern nurses' residence and uniforms laundered for $8.00 - $12.00 per month.

Will refund cost of railway fare to Canora, after 6-mo. service.

Apply to:
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REGISTERED NURSES
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B.C. CIVIL SERVICE
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For application forms apply IMMEDIATELY to the:
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NURSING SUPERVISORS
required for
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Salary: $324 - $389 per month

Duties are those of nursing supervisors in modern psychiatric & geriatric units.

Applicants must be British Subjects, registered nurses, with training in a mental hospital setting & supervisory experience.

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A capacity of 1200 beds including
A new modern 300 bed unit
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Good personnel policies
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Required May, 1960. Well equipped 160-bed hospital with general and tuberculosis patients. Salary range $355-$400 per month, commensurate with experience and qualifications. Good residence accommodation and excellent personnel policies. For information and application apply:

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REQUIRES

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Requirements: University preparation in Nursing Education.
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REGISTERED NURSES
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